# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06061

I. PLACE OF DEAT			2. USHAL RESIDENCE (F	IOME) OF DECEASED.	
COUNTY MO	ntgomery	MARYLAND	STATE	of Columbia	Y
CITY (If outside of OR give neares	corporate limits, write RU	RAL and   LENGTH OF STAY	070	ate limits, write RURAL and gi	ve nearest town)
TOWN	Colesvi	lle 25 Months	Town Washing		
HOSPITAL OR INSTITUTION O STREET ADDRE	R Jolliffe's	s Nursing Home	STREET ADDRESS Unkn	(If rural, give location)	V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Marguerite	-	Aebersold	DEATH June	15 19 5.
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	May 25,1871	9. AGE last hirthday If under Months	1 year If under 24 hr. Hours Min.
done during most of Retired	PATION (Give kind of working life, even if retired Female Compa	k 10b. KIND OF BUSINESS OR	Switzerland		2. CITIZEN OF WHAT COUNTEY? USA
13. FATHER'S NAM	Unknown		14. MOTHER'S MAIDEN	Unknown	
15. WAS DECRASED E	Ever In U.S. Armed Force (If yes, give war or date service)	BS? 16. SOCIAL SECURITY NO. NONE	Jessie Hamm	ADDRESS Nerli	
		18. MEDICAL C	ERTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTL	Y LEADING TO-REATH	261		INTERVAL BETWEEN ONSET AND DEATH
		C. 7.	1-1-11 Y	1/11/0	121.
Immedia	te cause (a)	myes /1 V.S.	1000 / 10	11.001	10 KM
	nt cause(s)	Carport 8	n . 1		
giving rise	conditions, if any, (b)	on low by	mois pui	· 30	77
930 stating the	underlying cause last			O	10
II. OTHER SIGNIF	(c)				-
Conditions contrib	uting to the death but not	mth.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes   No
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street office hldg., etc.) JURY	(CITY OR T	OWN) (COUNTY	) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cer	tify that I attended t	he deceased from 5 6	1 , 19 , to 6 17 /	, that I last	saw the deceased
Calive on 6	114/1 19	and that death occurred at.	m. from the	causes and on the date st	tated above.
SIGNATURE	0,00	(Degree or title)	ADDRESS		DATE SIGNED
120	DUD Jam	en LLD.	ers: upon, th	6 15 3	FI
BULLAL (Spe	eify) 6-18-	71 Prospect	Hill	Washington,	D. C.
DATE RECYD BY	1	S SIGNATURE	PASSET A CO	1 11	ADDRESS thesda, Md.
7 7		man souls	· · · · · · · · · · · · · · · · · · ·	They very	The state of the s

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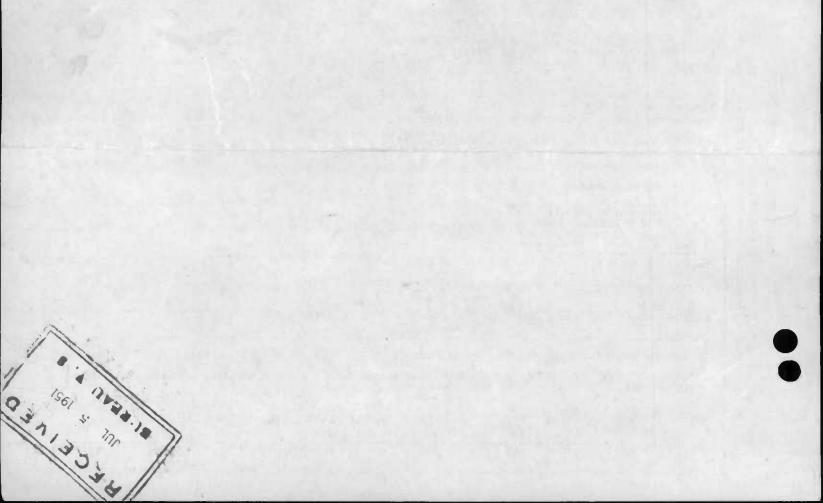
## CERTIFICATE OF DEATH

		02.11.11.101.1	D OI DIMI	keg. Dist. N	0
1. PLACE OF DEAT			2. USUAL RESIDENCE	(HOME) OF DECEASED.	IV.
COUNTY	ontgomery	MARYLAND	STATE Maryla	and	Nontgomery
OR give neares	corporate limits, write RUR t town)	dine this place)	CITY (If outside corpo	rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	Rockvill	6   nire	STREET	(If rural, give location)	
INSTITUTION O STREET ADDRE	R 703 Maple	Avenue	ADDRESS 703 Ma	aple Avenue	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Florence	Ε.	Baker	DEATH June	30 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	8-21-1873	9. AGE last birthday If under Menchs	1 year If under 24 hrs. Hours   Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	7 7701 ( == 0	2. CITIZEN OF WHAT
done during most of dOUS	corking life, even if retired)  EWII C	INDUSTRY WIN Home	Neelsville	, Md.	COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MAIDE		
	la Waters		Elizabeth S		
	VER IN U.S. ARMED FORCES   (If year, give war or dates	011	17. INFORMANT AND		
(100, 100, 01 411110 110)	service) NO	None	Kussell Bal	ker-same as Ite	em 2
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	(-)	CONGESTIVE	HEADT FR	BILLEE	MINE WEEKS
Immedia	te cause (a)				
/// Antecede	nt cause(s)				
Diseases or	conditions, if any, (b)	PRE-RENAL A	ZOTEMIA		TAY DAYS
93d giving rise t	to the above cause underlying cause last	Hypertersive b	PATERIOSCIEROTI	E HEART DISEASE	15 YEARS
II. OTHER SIGNIF Conditions contrib related to the dise	TCANT CONDITIONS nuting to the death but not asse or condition causing deat	PRE-REWAL A Hypertensive b th. Findings of operation			or o
19a. DATE OF OPE	ERATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes I No M
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
INJURY	m.	Work At work	1		
22 I horehy cer	tify that I attended th	e deceased from APRIL	3.1956 to JUN	E301951 that I last	saw the decessed
			,		
alive on SIGNATURE	WE 30, 195/, ar	nd that death occurred at.	ADDRESS from the	e causes and on the date s	tated above.  DATE SIGNED
Gordons.	Raunlinge	NM.D.	Bockville,	md.	6/30/51
BURIAL CREM BURIAL (Spe	MATION DATE (7-2-195		Union	ROCKVILLE I	Maryland
DATE REC'D BY		-	24. PUNERAL DIRECT	/ / //	ADDRESS
REG. 7-2-	1 1	5. Enkempelder	A sheet all	amphily Beth	nesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Dist. No. 21

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Montgomery Virginia MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give nearest town) Bethesda, Rural (in this place) Alexandria TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS U. S. Naval Hospital 904 Crescent Drive 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED Brenda BAILEY Jane June 26. 19 5] DEATH (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED. 2. AGE last hirthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORGED, Female Months | Days Hours Min. White June 23,1951 (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Maryland US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James R. BAILEY Ruth FULTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Father: James R. BAILEY 18. MEDICAL CERTIFICATION Same as item # 2 INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH electaria Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No D 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY 22. I hereby certify that I attended the deceased from June 23, 19.51, to June 26, 19.51, that I last saw the deceased and that death occurred at 4:50 Am., from the causes and on the date stated above.

Obegree or title)

ADDRESS SIGNATURE U.S. NAVAL HOSPITAL, BETHESDA, MD. June 1 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) June 26. 1951 23. BURIAL CREMATION | DATE THEREOF REMOVAL Specify)
REMOVAL Specify
June 26.19 June 26,1951 Elmwood Cemetery Owensboro, Kentucky 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SLENATURE ADDRESS Chevy-Chase Funeral Home, 5103 Wisconsin Avenue, N.W., Washington, D.C.

of information carefull death clearly and legibl. MARGIN RESERVED FOR BINDING ly every item the causes of Supply Write t PLAINLY, WITH UNFADING INK. s especially important. Physicians: please

VS. A15

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2411 N. Charles Street, Baltimore

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06063

## CERTIFICATE OF DEATH

			IL O TIGHTIE PRESCRIPTION	WOMEN OF PROPERTY	
1. PLACE OF DEAT	ontsomeny	MARYLAND	STATE M.	(HOME) OF DECEASED.	NTY Honts.
OR give neares	t town Gen Mante	AL and LENGTH OF STAY (in this place)	II OR	orate limits, write RURAL and	d give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R		STREET ADDRESS	(If rural, give location	n)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	John	PATEY.	Bannes	DEATH YOME	/ 1 19 57
6. SEX	6. COLOR OR RACE  white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)	about 1883	68 yrs. Mon	the Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	4E		14. MOTHER'S MAIDE	EN NAME	
Toe .	132 nnes		Hency	Chelos	
	ver In U.S. Armed Forces (If yes, give war or dates of service)		17. INFORMANT ANI		
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	Apoplary		••••••	1 4 5
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last	Ugpen tensive	condiavaso	culan disease	10 yes
700	(c)				
Conditions contrib	ICANT CONDITIONS suting to the death hut not age or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🕏
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OF	(COUN	
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
22. I hereby cert	tify that I attended the	e deceased from June	4., 19.57, to fun	4. J., 19.5%, that I las	st saw the deceased
alive on SIGNATURE	, 19, an	d that death occurred at			
A. D. 13	onijaux	nu.D.	Saud Spu	HOCATION (City, town, or c	6/13/57
REMOVAL (Spe	WWW-127	1951 West DON	notacy: 11	LHYLSVILLE /U	aura 1
DATE REC'D BY REG. 0-13	LOCAL WEGISTRADS	MAN WALL	24 FONERAL DIRECT	Tallers 754A	ADDRESS /
			11 1	Vekon	a Park no

S. A. C. EUR DECELACIONAL DE correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06064

1. PLACE OF DEATH			1 2. USUAL RESIDENCE (		
	Montgomery	MARYLAND	STATE Maryla		nty ne Arundel
CITY (If outside co	ornorate limits write RIIR	AL and   LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL and	i give nearest town)
TOWN give hearest	Bethesda, Rura	1 26 days	TOWN A	nnapolis	
HUSPITAL UK			STREET	(If rural, give location	1)
INSTITUTION OF STREET ADDRES	SS U. S. Naval	Hospital	ADDRESS 27	East Street	/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Gaetano	(none)	BARRELLA	OF DEATH June	- Allen
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   If un	der 1 year III under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Married	Jan. 6. 1870	81 yrs. 05	the Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
Petty C	ATION (Give kind of work torking life, even if retired)	INDUSTRY S. NAVY	Italy		COUNTRY? US(N)
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	05(11)
Anthon	LY BARRELLA		Mary P	ATIERNO	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no YES unknown)	(If yes, give war or dates of service) WW I		Wife: Angelina		
			RTIFICATION Same a		
I DISEASES OF CO	NDITIONS DIRECTLY		5000	200m // 2	INTERVAL BETWEEN
i. Districted Of OC				CARREAG WATERWAY	ONSET AND DEATH
Immediate	e cause (a)	MYOCARDITIS, CHROI	NIC, WITH ACUTE	CARDIAC FAILURE	l day
	onditions, if any, (b)	ARTERIOSCLEROTIC I	HEART DISEASE		10 years.
giving rise to	the above cause			19 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
alon morning rue of	(c)	DIABETES MELLITUS			10 years.
II. OTHER SIGNIFI	CANT CONDITIONS				
Conditions contribu	iting to the death but not	HYPERTROPHY, PI	ROSTATE, BENIGN.		29 days.
19a. DATE OF OPE	se or condition causing deat	FINDINGS OF OPERATION			20. AUTOPSY1
June 25, 195		ophy, Prostate, B	enign.		75
21. ACCIDENT		CE (Home, farm, factory, street,		TOWN) (COUN	Yes No Z
SUICIDE HOMICIDE	OF	office bidg., etc.)		(000.1	
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF INJURY		While at Not While Work At work			
	m.				
22. I hereby certi	ify that I attended the	e deceased from June 1	1951 to June	27, 19 51, that I las	st saw the deceased
alive on	19.21, an	d that death occurred at.2	ADDRESS	causes and on the date	stated above.  DATE SIGNED
Monde					
	EN, CDR, MC, US	IN U.S. NAVAL HO	SPITAL, BETHESD	A, MD. June	27, 1951
23. BURIAL, CREM.	ATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or e	ounty) (State)
REMOVAL (Spec	June 27.	1951 B.L. Hoppin	g Funeral Home	Annapolis, Mam	vland.
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
June 27, 19	151 Eloca 1	opettenston	B. L. Hopping	Funeral Home,	Annapolis.
		The state of the s		Mana	
			The second second	riary.	



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06065

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	rv
MONTGONDRY GOW MARYLAND	MICHMOND VA.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and g OR TOWN	dive nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS COLLIFF & Yest HOME	ADDRESS	V
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) EUA PINCH BACK	BASS DEATH SUNE	30 195
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		r i year  If under 24 hrs
FEMALE White WIDOWED, DIVORCED, (Specify)	8 / yrn. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	VIRGINIA	COUNTRY? U. S.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00,010
MR PINCH BACK	MAZZIE TINCH DAG	11
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Il yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	ERTIFICATION	
	browbo.	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	morrow ,	ONSET AND DEATH
Immediate cause (a) Levelral dece	dut-cerebral artempolerous	Ofloat
32 X Antecedent cause(s)	The implication .	11
Diseases or conditions, if any, (b)		
836 stating the underlying cause last		MINIST P
11. OTHER SIGNIFICANT CONDITIONS	1 4 .	
Conditions contributing to the death but not related to the disease or condition causing death.	hart discose.	11
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
noul		Yes No P
21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INSULT III. T WORL AC WOLL		1.
22. I hereby certify that I attended the deceased from	1956, to June 20, 19.5%, that I last	saw the deceased
alive on June 29, 195/ , and that death occurred at .!	I'm from the source and on the date of	total alam
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gam H. Traum Zur. 8	237 georgia ade Silver grings	nd. Sunto si
23. BURIAL, CREMATION   DATE THEREOF/   NAME OF CEMETE	ERY OR CREMATORY.   LOCATION (City, town, or cour	nty) (State)
REMOVAL (Specify) July 3/57 Cakwoo	d Vickmind	Va
DATE REC'D BY LOCAL REGISTMAR'S SIGNATURE	Zi. FUNERAL DIRECTOR	ADDRESS
July 1, 1951 Grances Seller	Theory Chase Sunera	e Home
() ()	5101 Mass ave 2	W a



## MARYLAND STATE DEPARTMENT OF HEALTH

# OF HEALTH (16)166

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Monthly The	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	mary tand monegone	W .
TOWN Silver Spring (in this place)	CITY (If outside corporate limits, write RURAL and give OR Takoma Park	nearest town)
HOSPITAL OR INSTITUTION OR Reer of 8800 Block	STREET (If rural, give location)	
STREET ADDRESS Piney Branch Road	913 Garland Ave.	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Came Exum	Bellamy A DATE (Month) OF DEATH	(Day) (Year) 27 195/
5. SEX /6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BACTH   9. AGE last hirthday   If under I	year  If under 24 hrs.
Male ( White   WIDOWED, DIVORCED, (Specify) Married	Oct. 31 1924 26 /yrs. Months	Days   Hours   Mln.
10a. USUAL OCCUTATION (Give kind of work   10b. Kind of Business or	1 11. BIRTHPLACE (State or foreign country)   1 12.	CITIZEN OF WHAT
done during most of working life, even if retired) T.M. Woodhall . Inc	Maryland   8	SATEY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James E. Bellamy	Evelyn G. Shriver	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yee, the war for dates of 243-20-0619	Mrs. Pauline K. Bellamy	
18. MEDICAL CE		
	ARTITION TO A	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) ashlyxia a	ue to Carton-monoride	madde.
Immediate cause		dust
13. Antecedent cause(s) Parts bring		weath.
Diseases or conditions, if any, (b)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	** ** ** ** ** *** *** *** *** ** ** **
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19 DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🕢
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work	Found dead in auto with hose alla	Y 67 . 4 ,
INJURY III. I WORK AL WORK	Trud alan an ans with horz and	my y change
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon and for	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the day stated above, and death in my o	pinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SIGNATURE (Degree of title)	ADDRESS	DATE SIGNED
the 16 Brosehart M. 1).	Tartusters md 1.	- 28-51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY / LOCATION (City, town, or county	(State)
Burial (Specify) June 29, 1951 Arlington	National Cemetery Arlington Cou	
DATE REC'D BY/LOCAL   REGISTRAR'S SIGNATURE )	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/2 0/5		
- maneer court		Monriand

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## MARYLAND STATE DEPARTMENT OF HEALTH

06067

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND MARYLAND	STATE Ma COUNTY Britannel
CITY (If outside comporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Betherda (in this place)	TOWN Betherla
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 5514 Lincoln St.	ADDRESS 14 - Lincoln St. Betheada, Md
8. NAME OF (First) (Middle)	
DECEASED 0 10 1	OF (Louis)
(Type or Print) C/// L	BOND DEATH JUNE 15 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birtiday If under 1 year If under 24 hrs. Months Days Hours Min.
Trule (Specify) Manuell	1 Nec 9, 1871 127 by yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
MANAGER OF LOGAN MOTORS WASHIOG. YOTOR COMPANY	Faurel, md COUNTRY S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Caral Bond	Mary Filester
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of 578-03-/562	1 1/10 mm 0
	The state of the s
18. MEDICAL CER	Tarment VIII D Consequent
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH COVO	MARY OCCLUSION ONSET AND DEATH
no facility	air - and a lastin of
Immediate cause (a) UTTEY/O SCIEYO.	sis a coronary artery selevosis 2 mps
1201 Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	/ /:/-
related to the disease or condition causing death. ( )   19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION	le eystitis
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	/ 20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At work	
0 1/	
22. I hereby certify that I attended the deceased from Jan. 1.24.	, 19.5/, to
4/	-4 - //
alive on June 15 , 195/, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Mohad Monta m. D 5	46 marel, Reda, Rd Roll md. 6/15/51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-18/51 Pessie M Thompson,	W. Warren Yallamel 3619-14 St. N. W
	Wooh D.C

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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BUREAU V. S.

DECEINED SIED

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

06068

FO	OR MEDICAL	EXAMINERS	R	leg. Dist. No.	212
1. PLACE OF DEATH. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (I	land	COUNTY	monto
TOWN giva nearest town	LENGTII OF STAY (in this place)	CITY (II outside corror OR TOWN	ate limits, write R		nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, g	iva iocation)	
3. NAME OF DECEASED (First) (Alustes) (A	Aiddle)	30md	4. DATE OF DEATH	(Month)	(Day) (Year 25 195
5. SEX 6. COLOR OR RACE 7. SINGI WIDOW (Specific Specific	LE, MARRIED, VED, DIVORCED fy)	Left. 3. 1895	65	Months	year   Hours   Mi
done during most of working life, even if retired)  10b. Kind done during most of working life, even if retired)  IN USTR	OF BUSINESS OR	11. APPHPACE (Spie	or foreign country)	12. C	CYTS. A
13 tilysies Bond		Cassie	Dond		
15. Was Declared Ever In U.S. Armed Forces? (Yes. no, or introduct) (Lyes. give war on dates of divise)	CIAL SECURITY NO.	Panella .	DORESS Survaen	7591	realen R
I. DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL CENT TO DEATH	TIFICATION			INTERVAL BETWEE
Immediate cause (a) Cr	mary or	celusion	***************************************		sudder.
Antecedent cause(s) Disease or conditions, if any, (b)			000000000000000000000000000000000000000	1747	death.
943 Riving rise to the above cause stating the underlying causa last		· ·	**		3.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Thomas Da	ALM AND		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION		50		Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office ble CAUSE OF DEATH.	, farm, factory, street, ig., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY While at INJURY m, work	OCCURRED Not while at work	HOW DID INJURY OC	CUR?	· · · · · · · · · · · · · · · · · · ·	
22. I certify that I took charge of the remains description of the remains	, find that said decea e, homicide,	used died on the day state undetermined .	d above, and di	thereon and fi	pinion resulted
SIGNATURE OF BROWN	Degree or title)	ADDRESS 4	P. The St.	. md	G- 2J-17
BURIAL CREMATION DATE THEREOF (6/29/5/	Orling	Con Vat	arling	Em C	a . (State)
DATE REC'D BY LOCAL REGISTRATES SIGNATED BEFORE 28/91	119110	Paler L.A.	u surli	Rocks	ADDRESS TILS

DECEIVED

JUL 1 1951

BUREAU V. S.

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The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06069

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEASED.	
COUNTY Montgomery	MARYLAND	STATE Distr:	ict of Columbia	NTY
CITY (If outside corporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corpora OR	te limits, write RURAL and	give nearest town)
OR givo nearest town) TOWN Bethesda, Rur	al (in this place)	TOWN Wash:	ington	
HOSPITAL OR INSTITUTION OR U. S. Naval		STREET ADDRESS 1000	(If rural, give location	
STREET ADDRESS	nosproar	1808	Branch Avenue,	S.E.
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Dyron	Beltran	BRADLEY	DEATH June	
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED.		9. AGE last hirthday   If un	der I year   If under 24 hrs
Male White	WIDOWED DIVORCED, (Specify) Married	Feb. 27, 1894		122
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Industry Govt	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY? US
done during most of working life, even if retired)	US Govit	Virgini:		05
13. FATHER'S NAME HORACE BRADLEY		Lulu STONE	NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDUDGG	
(Yes, no, experimown) { (If yes, give war or dates of	of	Wife: Carrie	BRADLEY	
IEO  service) WW 1	1 4 4 4 4 4		as item# 2	
V	18. MEDICAL CE	RITERATION Sealer	2004/11 ~	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	11 -(1)	. 1	ONBET AND DEATH
Immediate cause (a)	Theundie	Nearl D	your hand	1. 4ma
Immediate cause		11-00		
4// Antecedent cause(s)				
Diseases or conditions, if any, (b)		***************************************		
95 stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not	L			
related to the disease or condition causing deat 19a. DATE OF OPERATION   19b. MAJOR I				1 20. AUTOPSY?
				Yes X No 🗆
21. ACCIDENT (Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COUN	
SUICIDE OF INJU	office hidg., etc.)			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY m.	While at Not While Work At work			
	May 21	51 June 1	9 51	
22. I hereby certify that I attended the	e deceased from	, 19,1, to take 1	that I las	t saw the deceased
alive of June 19, 1951 an	d that death occurred at	10:41 Pm from the	causes and on the date	stated shove
SIGNATURIA	(Degree or title)	ADDRESS	CHARLES MILE ON ONE GRAVE	DATE SIGNED
J. W. FLYNN, ETJG, MC, U	SN II S NAVAT. HO	SPITAL, BETHESDA	. MD. June	20, 1951
			OCATION (City, town, or c	1 69 0
23. BURIAL, CREMATION DATE THEREO June 22,			Washington, D.	
DATE REC'D BY LOCAL   REGISTRAR'S				
Julie 20, 1951	J. Sef	S. H. Hines I	uneral Home, 2	901 14th
ounce 20, 2112 fleth	whenever		lashington, D.C	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

PECEDVED V. S. BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

()6(171)
Dist No 214

1. PLACE OF DEATH. COUNTY Morito order MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Z	
CITY (If outside corporate limits write KURAL and OR give negret flown)  TOWN  LENGTH OF S  (in this place)	STAY CITY (If outside comporate limits) write RURAL and give nearest to	wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CEdarcio Santa	STREET (If rural, give location) ADDRESS 11-East Branklin	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Blanche Tesesa	Braller J. DATE (Month) (Day)  DEATH June 7	(Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	2. I S. DATE OF BIRTH 19. AGE last hirthday I I under I year III un	der 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	S OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S Hood. Hudlow	abrie Sellurare	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No. 17 INFORMANT AND ADDRESS	us.
IS. MEDICA	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONBERT AND	
Immediate cause (a) Lerebro	19 Emontage 3d	azo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ateriorebroses ?	**************
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	10N   20. AUTO	PSY?
	Yes 🗆	No 🗗
21. ACCIDENT (Specify) PLACE (Home, fsrm, factory, stricted of office bldg., etc.) INJURY		-
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1950, to, 1957., that I last saw the de	ceased
alive on 6/2 , 1957, and that death occurred	at 2.350m., from the causes and on the date stated above	e.
SIGNATURE: (Degree or title)	ADDRESS DATE SI	IGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CENTREMOVAL (Specify) 6/5/5/	METERY OR CREMATORY LOCATION (City, town, or county)	State)
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Walley's Funeral Home 3260-R	SS Luc
	met Poure med	- France

Sh. 9212.

BUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baitimore

## CERTIFICATE OF DEATH

06071

M Diet No 216

41					
The	1. PLACE OF DEATH-		2. USUAL RESIDENCE (R	HOME) OF DECEASED.	TYMont
	Monegomery	MARYLAND			TY Montgomery
fully ibly.	CITY (If outside corporate limits, write RUR, OR give nearest town) Kensingt		OR Kensing	ate limits, write RURAL and	give nearest town)
Supply every item of information carefully write the causes of death clearly and legibly.	HOSPITAL OR	n St. Kensingto	STREET	(If rural, give location) cesden Street	
ior	3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
mat	DECEASED Marie (Type or Print)	V	Brede	DEATH June	11 19 51
infor th cle	Female   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOWED	12-14-1875	ym.	er 1 year If under 24 hrs.  Days Hours Min.
n of dea	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Germany	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
ter	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
y i	George Vol		Carolin	e Voll	
cau	15. WAS DECEASED EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		
y e	(Yes, no, or unknown) (If yes, give war or dates of service)	NONE	Mrs. Edwin F	Lang-same as	Item #2
ppl te t		18. MEDICAL CE	RTIFICATION		
Sur	I. DISEASES OR CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE
INK.	Immediate cause (a)	Cerebral thr	ambasis m	ultiple	6davs
Zie I				/	
נים מים	Antecedent cause(s) Diseases or conditions, if any, (b)	Arteriosclerosis	s generalised	Severe	5 Vrc.
a P	etating the underlider cours last	1 .	/		
Sici	83.6 stating the underlying cause last	Rheumatoid Ar	Thritis sen		5 VAS 7
Phy	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	Branchisctori	11141		
E ti	19a. DATE OF OPERATION   19b. MAJOR F				20. AUTOPSY?
Et.					Yes 🗆 No 🗙
, WI	21. ACCIDENT (Specify) PLA( SUICIDE OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNT	
PE	TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
N. C.	INJURY m.	Work At work			
PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	22. I hereby certify that I attended the				
ITE	alive on J. (M. e. k, 1957., an SIGNATURI)	d that death occurred at	ADDRESS from the	causes and on the date	stated above. DATE SIGNED
WR	Stewart Mark	M. 4. 39	21 Ingomas S	F.N.W. Wade	D.C. 6.11.51
SE	23. BURIAL, CREMATION DATE TRIEREC			OCATION (City, town, or co	
A G	Cremation June 12	. '511 Cedar Hil	1 Cemetery S	witland Mar	vland
Ta	DATE REC'D BY LOCAL REGISTRAR'S REG. 6-12-51 Bessie	101	Work a.	unshupethe	esda, Md.
		//			

Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING

VS. Alsı

BUREAJ V. S.
BUREAJ V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

The correct age

6			
(0)	1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
	Montgomera MARYLAND	mary land	rance Occases.
	OR give nearest town) The Willest and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give n	earest town)
/ 3	OR give nearest town) The Talk. (in this place)	TOWN West Hyattsville	
ar ar	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
ö,	STREET ADDRESS Was hinstn Sanitarium	ADDRESS 8303- 147h Ave	1/
NG information carefull	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (I	Day) (Year)
ta.	(Type or Print) Barry	OF ///	
E	5, SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	S. DATE OF BIRTH   9. AGE last hirthday   If under ly	19 ear   If under 24 hrs.
oji	WIDOWED, DIVORCED,	Months   Da	Hours   Min.
A.	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		2.5
5 5	done during most of working life, even if retired) INDUSTRY	Cor	ITIZEN OF WHAT
BINDING rry item of	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	usa.
Z ÷	13. FAIRENS NAME	1. 1. 1	
E E	Dert Washing Ton Oroom.	I ASSAITE LOWISE MODEITSO	7.
B A	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no. or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
FOR BINDIN	No laervice)	Hospital Secords.	
0.	18. MEDICAL CE		2
I QEA	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
		Vesa to	• /
田 田	Immediate cause (a)	respiratory failure	2 hrs.
RESERVED	773. O Antecedent cause(s)		. /
E 0	Diseases or conditions, if any, (b) Cerebra	anoxia.	3ince him
召 2.	giving rise to the above cause		
MARGIN	160 c staing the underlying cause last (c) (Placenta P	revia.	
EA A	II. OTHER SIGNIFICANT CONDITIONS		
MARGIN RESER	Conditions contributing to the death but not related to the disease or condition causing death.		
ρ.	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 2	O. AUTOPSY?
E.			Yes   No
i i	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
with U	SUICIDE OF office bidg., etc.) HOMICIDE		
N.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
Z	OF While at Not While INJURY m. Work At work		
PLAINLY			
PL PL	22. I hereby certify that I attended the deceased from Jun	, 195, to	the deceased
	alive on	840 Pm 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	1 1
	SIGNATURE; (Degree or title)		d above. DATE SIGNED
WRITE	SIGNATURE:		DATE GIGNED
B	Knuhy Julyn - July D	915 lesting resul Rolla	6/10/57
B	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) San. & HOSP. Takoma Park. 12.	(State)
A S	REMOVAL (Specify) 5-11-5k Washington	San. & Hosp.   Takoma Park, 12,	Md.
A P	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE //		ADDRESS
VS.	REG. 6-11-51 / ///////////////////////////////	Washington San. & Hosp. TakomaPar	k. Md.
>	Without no mission mould from both namente		Record
206081	Written permission rec'd from both parents	W. A. Ayay Librar	

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BUREAU V. S.

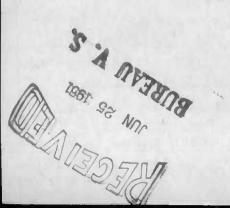


2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06073

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)	
HOSPITAL OR	TOWN TOWN WASHING BY 8		
STREET ADDRESS \$ 600 Confess thoused.	ADDRESS 4939 - 3012 Pl. N. L	U.	
3. NAME OF DECEASED (First) Ren TYEW	Byren ham 4. DATE (Month) OF DEATH	(Day) (Year) 2 2 1951	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year   If under 24 hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY? U. 5	
13. FATHER'S NAME Andrew Renfrew	14. MOTHER'S MAIDEN NAME	711.0	
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	W. INFORMANT AND ADDRESS		
18. MEDICAL CE	RTIFICATION	1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
2 + 1		presenton	
Immediate cause (a)_llarl fail	acre-	1st vieit	
450, O Antecedent cause(s) Diseases or conditions, if any, (b) diverticult		7 who	
giving rise to the above cause stating the underlying cause last		presentin	
(a article sele	11267	1st visit	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes No No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from	105/ 106/22 105/		
	4 . 4 mm m		
alive on 195, 195, and that death occurred at.		ated above.	
B. hem Brodley Barrett	mo 6900 Wis are che	of chase my	
TOTAL CONTRACT Consultants	RY OR CREMATORY   LOCATION (City, town, or coun Cemetery   Littleton, New		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6 2 2 5   Gasale My Shore know	at FOMENAI DIRECTOR Bethesd	ADDRESS	
The state of the s	1 my June		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06074

	200 P	
1. PLACE OF DEATH. COUNTY MONT GOMEN MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Hortponery
CITY (If outside corporate limits, write RURAL and OR STAY (in this place)		e nearest town)
HOSPITAL OB INSTITUTION OR STREAT ADDRESS BONIFONT R)- RTD#1	ADDRESS Bourfaut Ky location	Q*6
3. NAME OF DECEASED (Finet) (Ola Mararet	DUXYISS DEATH (Month)	(Day) (Year) 24 1957
6. COLOR OR RACE 7. SINGLE, MARRIED., WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	Days   Hours   Min.
done dulin most of working life even if retired   10b. Kind of Business on Industrial working life even if retired	Maryland	COUNTRY? OF WHAT
13 CHAYHER SNAME LEE BUYYISS		Same Name)
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, of unknown) (If yes, give war or dates of laervice)	17. INFORMANT AND ADDITIONS Silve	Spring Rt1, H
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEET AND DEATH
Immediate cause (a)	270515	4 ms.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	y broasts left.	6yr.
50 stating the underlying cause last		0
(c)		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., otc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1948, to 6/24 1951, that I last a	aw the deceased
alive on 1951, and that death occurred at. 7.	ADDRESS	ated above. DATE SIGNED
C. M. Frager Mb.	Sandy Spring, Mid.	6/24/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.	1 Office 1	md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG - 25-57 General B Janoles	PORT TOWN PMLY	ADDRESS
	10 Justa Corld	

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JUL 1 1951

BUREAU V. S.

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

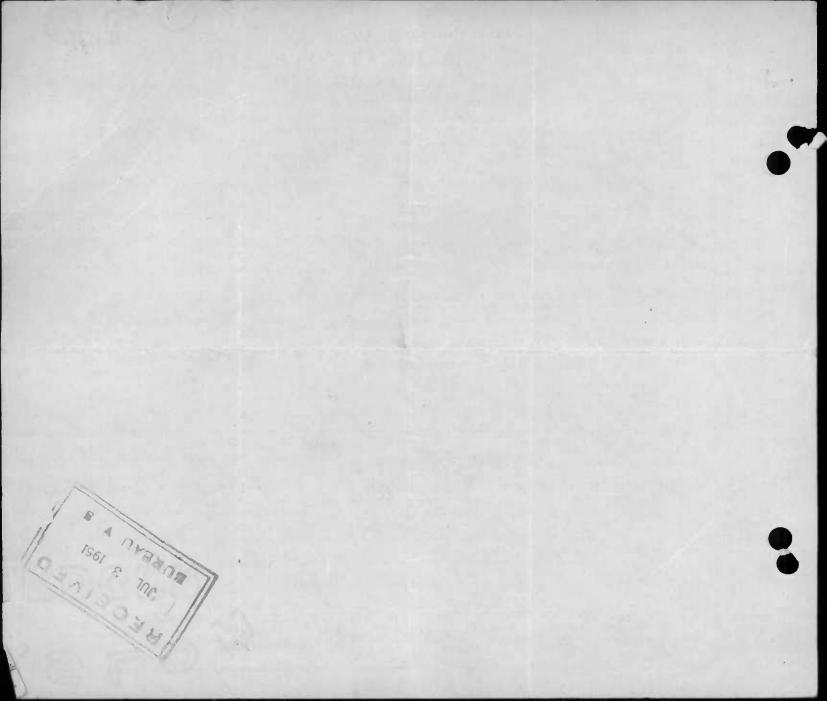
Reg. Dist. No I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND CITY (Il outside corporale limits, write RURAL and OR give nearest town LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN and HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Florese 3. NAME OF WILLIAM (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 5. SEX 6. COLOR OR RACE 9. AGE last birthday | If under | year | If under 24 bre | Months | Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED DIVORCED, (Specify) MARRIED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR AL BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? CONF. OF S.D.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Lucille Butter, 8211 Flower ave. Jak OK. Md. none service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) 1 TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗔, Inspection 🗶, Inquiry 📋 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6-28-5 BURIAL CREMATI REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY/ CREMATION LOCATION (City, town, or county) (State) GEDRGE MASHINGTON LEMETERY HYRTTS VILLE, TR. DEDSO, DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS

RESERVED FOR INK. please Physicians: MARGIN important. PLAINLY. especially i 3 S

death clearly and legibly.

Supply every item write the causes of d

BINDING



2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

06676

g. Dist. No. 244

I. PLACE OF DEATH COUNTY Mont	gomery	MARYLAND	2. USUAL RESIDENCE (STATE Maryls		Montgo	werv	
	porate limits, write RUR.		CITY (If outside corpor OR TOWN Silver	ate limits, write R Spring			t town)
HOSPITAL OR	15 Woodmoor	Drive	STREET		ve location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Bertha Ellen	Wardell Calay	vav	OF DEATH	June	2	1951
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth	day   If under	r i year  I	f under 24 hrs
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Jan. 29, 1878		To. Months	Days .	Hours   Min.
done during most of wo	TION (Give kind of work rking life, even if retired)	10b. Kind of Business or Industry home	Rockland, De		1	USA TEY	N OP WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Henry Lin	ton Wardell		Anne E. Fergus	son			
15. WAS DECEASED EVI	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS Mre	Relph	Godw	in
no, or unknown)	(If yes, give war or dates overvice)	none	15 Woodmoor D	rive. Silv	er Spri	ng. M	d.
		18. MEDICAL CE					
I. DISEASES OR COM	IDITIONS DIRECTLY	LEADING TO DEATH				ONSET	AL BUTWEEN
Immediate	cause (a)	Heart &	zlock			48	den
giving rise to stating the un	nditions, if any, the above cause derlying cause last  (c)	Culery	selirons				tro om o a omini a sandiligan a cinho qui a signi s
	ANT CONDITIONS ing to the death but not or condition causing deat	h					
		FINDINGS OF OPERATION				20. AU	JTOPSY!
						Yes	No D
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	rown)	(COUNTY		TATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
Λ	TION DATE THEREOUS 6/5/51	Spring Hill	ADDRESS  ADDRESS  ADDRESS  A WARY OR CREMATORY  Cemetery  24. FUNERAL DIRECTOR	causes and on  Location (City, Easton, Ma	the date s	tated ab	ove. E SIGNED
- / //>	1 Jun		Warner & Tumphe				
' /				C'Silver	opring,	Mary	Tand

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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

1961 9 NAC

BECENED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06077

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Montgomery MARYLAND	STATE MAYELAND COUNTY MONT
CITY (If outside corporate Malta write RIPAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Bethesaa (in this place) TOWN	TOWN Kensington
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS SUBURBAN HOSP.	ADDRESS 2505 Mc Comus Hve.
3. NAME OF E (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lana Florence	DEATH JUNE 11 1951
Female White T. SINGLE, MARRIED, WIDOWED DIVORCED (Specily) MAYYICA	S. DATE OF BIRTH  9. AGE is at birthday If under I year If under 24 hrs.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working Higeven if retired) INDUSTRY	Washington Co., Illinois COUNTRY? U.S.
13. FATHER'S NAME T	14. MOTHER'S MAIDEN NAME
Jacob Lapp	houisa harber
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT_ AND ADDRESS.
(Yes, p, or uaknown) (If yes, give war or dates of service)	George V. Carson, Husband (same) item 2
18. MEDICAL CE	The state of the s
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Seneral,	2/50 Corcinomations -1 year
1201	1 010
Antecedent cause(s)  Diseases or conditions, if any. (b) & Greinoma (VS)	todenuma R.t. Ovary
giving rise to the above cause	M. T. State Mr. V. M. Marketter and the state of the stat
49 a stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yee No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m, While at Not While   Work At work	
THE CALL	
1/ /	1,2
T	19.43, to 425, 195/, that I last saw the deceased
alive on 4,00 10, 19.5/, and that death occurred at ./	
alive on 7,00%, 195%, and that death occurred at 1.  SIGNATURI:  (Degree or title)  (Add ass: Beth. and.	ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNED 6/11/51
alive on 19.50, and that death occurred at 19.50 and that death oc	ADDRESS DATE SIGNED  ADDRESS DATE SIGNED  (State)  (State)
alive on 19.50, and that death occurred at 19.50 and that death oc	ADDRESS DATE SIGNED  ADDRESS DATE SIGNED  (State)  (State)
alive on 19.6%, 19.5%, and that death occurred at 19.5% and that death occurred at 19.5%. Beth. and 19.5%. Compared to 19.5%. Burial. Cremation Date thereof Name of Cemete Bemoval (specify) t 12June1951 Richview Compare Record By Local Registrar's Signature	ADDRESS DATE SIGNED  ADDRESS DATE SIGNED  (State)  (State)
alive on	ADDRESS
alive on	ADDRESS DATE SIGNED  ADDRESS DATE SIGNED  (5/11/5)  ORY OR CREMATORY LOCATION (City, town, or county) (State)

BUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Mont Gomer G MARYLAND	STATE Maryland County	wel.
CITY (If outside corporate limits, write RERAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give hearest to	wn)
OR give nearest town) // / (in in place)	TOWN Ofney	
TOWN Dethesaa 26 days	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR & / A Hagaila	ADDRESS	
STREET ADDRESS QUOURDAN 1105 Pital		
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) Roland	Carter DEATH 6 5	1957
5 SEX 16. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under I year   If un	der 24 hrs
WIDOWED, DIVORGED,	12-5-16 34 yrs. Months Days Ho	ure   Min.
10a, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		OP WHAT
done during most of working life, even if retired) INDUSTRY	COUNTERT	1/ 1
domestic - Kitchen	Marylana	1.3.1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Carter	Honie Chase	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service) World War	Murtle Butler (Sister) - Jame	
	CERTIFICATION	
	INTERVAL	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DEATH
Townships source (a) Sickle Cell	Anemia with secondary?	
Immediate cause (a)//C///C	MEMIA WILL DECORDARY	
1916 Interestant courseles hepatitis	. 41	1)
Antecedent cause(s) Diseases or conditions, if any, (b) HVDO Profile.	mio with anasarca 2 w	15
giving rise to the above cause		,
950 stating the underlying cause last Cardiac Deca	impensation 100	AUS
W .	1700	20
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUT	OPSYT
	Yes 🗆	No 🗗
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street	t, (CITY OR TOWN) (COUNTY) (STA	TE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		~
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at _ Not While _		
INJURY m.   Work   At work		
May	15 1051 to 14ME5 105/ that I lost some the d	bonned
		T1.0003525896.5
22. I hereby certify that I attended the deceased from May.		
alive on June 5, 1957, and that death occurred at.	7.25 p.m., from the causes and on the date stated above	
alive on June 5, 1957, and that death occurred at.	7.23 P.m., from the causes and on the date stated above	e.
alive on June 5, 1957, and that death occurred at.	ADDRESS  ADD	e.
alive on	ADDRESS  3921 Ingomar St. Oc. Jone	e.
alive on	ADDRESS  ADD	e. SIGNED
alive on	ADDRESS  3921 Ingomar St. Dec. June TERY OR CREMATORY LOCATION (City, town, or county)	e. BIGNED 5 193 (State)
alive on	ADDRESS  ADD	e. BIGNED 5 193 (State)
alive on	ADDRESS  3921 Ingomar St. Dec. June TERY OR CREMATORY LOCATION (City, town, or county)	e. BIGNED 5 193 (State)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### 06079

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 2/6

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Maryland MARYLAND	STATE Md. COUNTY Montgomem/
CITY (If outside corporate limits write PHPAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN DETNES & A.	TOWN SILVER Spring.
HOSPITAL OR INSTITUTION OR CALL	STREET ADDRESS 1 400 7 (11 rural, give logation)
STREET-ADDRESS JUNIOP NOV	1180/ Galt Ave.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) OY Lan	Chih DEATH JUNE 23, 1951
Female Why to Widowed, Married, Wildowed, Divorced, (Specify) Wi dowed.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 21 hrs. Months. Days Hours Min.
done during most of working life, even (Pretired)  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vue Tox	Un Hnown.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If year, give war or dates of	17. DIFORMANT AND ADDRESS 11807 Galt Ave.
pervice) None	Grace Choy Sil. Sprg. Md.
18, MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Pulmonary	telectaria y pneumona 4 d
	1.00
584 Antecedent cause(s) Sunderel	fistula .
Diseases or conditions, if any, (b)	bed of treation
126 stating the underlying cause last (c) Intertural	obstruction due to
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	A 20. AUTOPSY?
6-9-51 above - S	lone in devoteniem Yes V No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY  INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF   While at   Not While   INJURY   Mork   At work	
22. I hereby certify that I attended the deceased from 6-2	, 19.5./, to
alive on 6-23, 195 and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Sorothy Sill ms	. 7011 arlengton Nd. 6-24-57
	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) 6/26/5/	- Seattle Wash.
DAME BECCO BY LOCAL   DECEMPANC SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6/25/5/ Besser In Hompson	I W.W. Chambers Co. 1400 Chapin St
	10.00
	Wash, A.C.

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BECEINED

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

eg. Dist. No. 215

I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (F		OUNTY.
I.	lontgomery	MARYLAND	Virgin	ia	Arlington
OR givo nearesty TOWN	rporate limits, write RUR. Bethesda, Rura	L Sindhillada	OR TOWN Arli	ngton	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES		Hospital	STREET ADDRESS 32 S	(If rural, give loca outh Aberdeen	
3. NAME OF	(First)	(Mlddle)	(Last)	4. DATE (Mont	th) (Day) (Year)
(Type or Print)	Harris	Lenard	CHRISTIANSEN	OF Jun	e 6, 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEQ	Feb. 23, 1908	O ACE land black down 1 To	under I year   If under 24 hrs. Hours   Min.
done during most of wo	TION (Give kind of work bright life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME			14. MOTHER'S MAIDEN Sophia DAH		
15. WAS DECRASED EV. (Yes, no Decrased Ev.	ER IN U.S. ARMED FORCES (If yes, give war or dates of	?   16. SOCIAL SECURITY No.	Wife: Jean C	ADDRESS HRISTIANSEN	
	ervice) WW 11				
	NDITIONS DIRECTLY	18. MEDICAL CE	Same a	s item # 2	INTERVAL BETWEEN ONSET AND DEATH
	t cause(s) onditions, if any, (b)	rebounte Ba	terial End	rearelilie	3-44
95 f giving rise to stating the un	the above cause derlying cause last (c)	Reunstie To	Cent Dis	ene	4 une
II. OTHER SIGNIFIC Conditions contribut related to the disease	CANT CONDITIONS ting to the death but not e or condition causing deat	h.			0
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (CO	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
			25 50 June 6	51	
22 I hereby certif	y that I attended the	e deceased from Dec.	2), 19 00, to Julie 0	2, 19.71, that I	last saw the deceased
live on Jun	ne 6 1951, an	d that death occurred at	8:05 P m., from the	causes and on the d	ate stated above.  DATE SIGNED
J. W. FLYNI	N, LIJG, MC, U	SN U.S. NAVAL HO	SPITAL, BETHESDA	, MD. Ju	ne 7, 1951
23. BURIAL, CREMA REMOVAL (Special		951 Riverside	Cemetery	OCATION (City, town, of Superior, W	
June 7, 195		SIGNATURE.	W. W. Chamber	s 3072 M Str	eet, NW,

PLEASS WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

S A REBURA DE 8 NOI DE CELLAE

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

(16081 Reg. Dist. No. 2/3

/						
1. PLACE OF DEATH COUNTY MO	ntgomery	MARYLAND	2. USUAL RESIDENCE STATE Mary		EASED COUNT	Y Montgomery
OR give nearest TOWN	orporate limits, write RURA town) Rockville	AL and   LENGTH OF STAY (in this place)	CITY (II outside co	rporate limits, write F	RURAL and giv	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	At Home		STREET ADDRESS 1108	(If rural, g	Drive	100
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Yesr)
(Type or Print)	Square	Brinson	Clark	OF DEATH	June	8 19 51
5. SEX Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10-16-1900	9. AGE last hirt	hday If under Months.	
ACLY. Dep	TION (Give kind of work pricing life, even if retired)  C. OI Labor	10h. KIND OF BUSINESS OR INDUSTRY  S. GOVT.	Georgia			COUNTRY? USA
13. FATHER'S NAM	William La	ke Clark,	Cynthia E		•	
15. WAS DECRASED EV (Yes, no or unknown)	ER IN U.S. ARMED FORCES (If year, give war or dates of aervice) NO	16. Social Security No.	Mrs. Cynth		-Same a	as Item 2
	NDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Immediate	cause (a)	- own egg	outen	Com and a second	50 00 50°+ 0'00 ° 0°+ 0+ 0+000 0+0 0+000 0+0	1-200ep
Anteceden	conditions, if any, (b)	arrivosed	Perotee her	al des	2 and	fyear.
	the above cause inderlying cause last (c)	aure	enela fe	hellate	5	
	CANT CONDITIONS ting to the death but not se or condition causing deat	h		<b>A</b>	Alla	y ma to the da moningric release each question of database of soul
19a. DATE OF OPER	EATION 19b. MAJOR F	FINDINGS OF OPERATION		,		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY C	OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	1000	
22. I hereby certi	fy that I attended the	e deceased from Dec	, 19.42, to 6	/8, 19.5/, t	that I last s	aw the deceased
alive on	7. 19.5/, an	d that death occurred at	ADDRESS	the causes and on	the date st	ated above. DATE SIGNED
Jane	- 1. Du	rus Me	7/5=197	To be	- Could	\$ 6/4/51
Burier Trai	Ysit 6-12-5	1   Methodist	RY OR CREMATORY Church Cem.	Stillmo:		(State) Georgia
DATE REC'D BY I	THE REGISTRAR'S	Skenfelder	24 FUNERAL DIRE		Bethes	ADDRESS
7	Rea Lle	Burdel				- an Cy

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TOR 14 1951 DECEINE

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MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. 2/6 2. USUAL RESIDENCE (HOME) OF DECEASED. I. PLACE OF DEATH COUNTY STATE MARYLAND CITY (If outside corporate limits, write OR give nearly town) CITY (If outside corporate limits, write RURAL and give nearest town LENGTH OF STAY (in this place) TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED OF DEATH (Type or Print) 195 7. SINGLE, MARRIED, WIDOWRD, DIVORCED (Specify Married) (Specify Married) (Db) Kind of Business or 6. COLOR OR RACE 9. AGE last birthday If under I year If under 24 brs. Days 10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 16. VAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown) (II yes, give war dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldge, etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while 9-57-2:0 work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🗂 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes []. accident [] suicide [], homicide [], undetermined []. (Degree or title) ADDRESS DATE SIGNED SIGNATURE 23. (BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE REC'D BY LOCAL 5

BURLLY V. S.

1961 87 NNI

BECEINED

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

		aveg. Dist.	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (H	OME) OF DECEASED.	VTY
Montg Co MARYLAND	Warvlar	nd	Monta
OR give nearest town)  LENGTH OF STAY (in this place)	CITY (If outside corpora	te limits, write RURAL and	give nearest town)
TOWN Gaithersburg Rural 61 vrs	TOWN Gaither	shung Runel	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If refal give location)	
STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) POBERI CRAU	SFORD	DEATH june	18th 519
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last hirthday   If un	der 1 year If under 24 hrs
Male White Specifyatried	May 3-1890	61 yrs. Mon	tha Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) Sheetin etal Wor	k. Momtg.Co.	Md.	COUNTRY
I FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	<u> </u>
John S Crewford	Frances A	Pundum	
John S. Crawford  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	- LALVALIL	
(Yes, no, or unknown) (If yes, give war or dates of 218-09-5112	Theodone C	rawford. Gai	thenchung M
18. MEDICAL CE		Tanini na	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		•	
Immediate cause (a) CORONA	ay occl	USION	5 M/M
(2) / Intillediate cause			
Antecedent cause(s) Diseases or conditions, if sny, (b)	PU INCLE	FICIENCY	7. WEEK
Diseases or conditions, if any, (b)			
stating the underlying cause last		- ! -	GUCAN
(a) ITERIO	SCLEROS	27.2	J TEMAS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	.000-		
related to the disease or condition causing death.	1000e		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
none			Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR T	OWN) (COUN	TY) (STATE)
HOMICIDE	9		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY m. Work At work			
		E1 T1	The many than the same of
22. I hereby certify that I attended the deceased from M.A.Y.	, 19.7.7, toI.OY.L	tend, 19	t saw the deceased
alive on	1 C. m from the	causes and on the date	stated ahove
SIGNATURE (Degree or title)	ADDRESS	causes and on the date	DATE SIGNED
The transfer was	0	0 1	ml. '-
Doran & Jower W.D.	000	reces, was	19 pune 7
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY	OCATION (City, town, or ed	ounty) (State)
Burial 6/21/51 Forest Oa	k	Gaithersbur	g. Md
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG.			
1 REG. 21/05/11/10/2019	Time oak O	Cambran Call	hanshama Ma
June 21, 1951 11 made I Sorke	Ermest C.	Gartner, Gail	hersburg My

eprrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SA DESTINATIONS OF THE SERVICE OF TH

### CERTIFICATE OF DEATH

Orre	FOR MEDICAL	EXAMINERS Reg. Dist. No.	,2.14
n carefully.	CITY (If outside corposate limits, write RURAL and CITY (If outside corposate limits, write RURAL and CITY (In this place)  HOSPITAL OR INSTITUTION OR STREET ADDRESS 2503 Booker Rd	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY (If outside coporate limits, write RUBAL and give of the composition of the c	e nearest town)
Supply every item of information carefull write the causes of death clearly and legibly	3. NAME OF DECEASED (First) (Middle)  (Type or Print)  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  14. COLOR OR RACE  15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16 MOCIAL SECURITY NO.	11. BIRTHPLACE (State or foreign country)   12	(Day) (Year)  195  1 year   If under 24 h   Days   Hours   Min 2 y    2. Citizen of Wha Countar?
INK. please	(Yes, no, or unknown) (If yes, give war or dates of service)  18. MEDICAL CEI  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Jarker	INTERVAL BETWEE ONSET AND DEAT
WITH UNFADING important. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.)	(CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No S
	CAUSE OF DEATH.   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while   Not work   at work	HOW DID INJURY OCCUR?	
SE WRITE PLAINLY is especially	22. I certify that I look charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural couses , accident , suicide , homicide , homicide , homicide , homicide , homicide , homicide , compare or title)  23. BOMALURE , NAME AF CEMETER	ADDRESS	DATE SIGNED
PUEAS	THOM(OVAL (Sunfley)	Widen, m	ADDRESS .

Robert X, Si

EASE VS. A15A

PI

MARGIN RESERVED FOR BINDING

BUREAU V. S.
BUREAU V. S.

# VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

06085

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTEM MARYLAND	STATEM and COUNTY	men
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (Houtive exporate limits, write RURAL and give nearest OR TOWN	town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS & 100 Old Jengethon 3d	ADDRESS 216 Preman	,
3. NAME OF (First) (Middle) CUSHMAN	(Let) 4. DATE (Month) (Day)	(Year)
(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	DEATH  1 8. DATE OF BIRTH  1 9. AGE iast birthday   If under 1 year   If	195\ under 24 hrs.
Genele White (Specify) market	Mov. 12 1870 80 yrs. Months Days 1	dours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	L. BIRTHPLAGE (State or foreign country)  12. Civizen Country  13. Civizen	OF WHAT
13 FATHER'S NAME	MOTHER'S MAIDEN NAME	
16. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 NFORMANT, AND ADDRESS 320 C 33	d:
(Yes, to, or unknown) (if yes, give war or dates of service)	B. Cushman- hew York. N.	1.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interv	AL BETWEEN AND DEATH
Immediate cause (a) Acute Myocal	Idial Decompensation 40	Tays
Antecedent cause(s)  Diseases or conditions, if any,  giving rise to the above cause  13	riosclerasis with insufficiency	
(c) Hyperlensive Can	rdio-vascular-renal disease 5%	155
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  Rt. Hemiple		1
192. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
		No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (S'	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
1		
I am I I and if we that I attended the deceased from a chill the	105/ +09 JUNE 195/ that I last saw the	desegad
	195/, to 9 J. U.A.C., 195/., that I last saw the	
alive on J. M.A. S, 195./., and that death occurred at. 5	3.0 Am., from the causes and on the date stated ab	
	3.0 Am., from the causes and on the date stated ab	ove. E SIGNED
alive on	ADDRESS DATE	ove. E SIGNED
alive on	30.A.m., from the causes and on the date stated ab ADDRESS 3921 Ingomar St. Washis QC. Jo.	ove. E SIGNED A + 9, 1951
alive on	ADDRESS ADDRESS ADDRESS APPLIAGORAR St. 695/15 QC. Journey OR CREMATORY LOCATION (City, towns or county)	ove. E SIGNED 19, 1951

2411 N. Charles Street, Baltimore

06086

### CERTIFICATE OF DEATH

Reg. Dist. No. 223

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Montgomery MARYLAND	J.C.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN TO Korna Park LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washing for
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Washington Sant Hosp.	ADDRESS Cavalier Hotel 14th st N.W.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) John Walter	Deards DEATH June 28 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under I year   If under 24 hrs.
Mole white WIDOWED, DIVORCED,	Apr. 19, 1867 84 yrs.   Months   Days   Hours   Min.
done during most of working life, eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY	W. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
walter Deards sr.	Lydia Force
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (II yes, give war or dates of service)	Hosp. Charts
18. MEDICAL CEI	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MAN	ONSET AND DEATH
Immediate cause (a) Sub-arac	hurid hemorragge 6/45/5/75
2/AV Antecedent cause(s)	100 1010
Diseases or conditions, If any, (b) Quart Mecu	Jus 1
giving rise to the above cause stating the underlying cause last	
(c) Conclude of	1/500000
11. OTHER SIGNIFICANT CONDITIONS	7 200000
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
198. DATE OF OPERATION 130. MAJOR PINDINGS OF OPERATION	
	Yes No 🗸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	and the second s
	CI (120
22. I hereby certify that I attended the deceased from	, 19, to
alive on 6./ 78 19.1. and that death occurred at	934 A.m., from the causes and on the date stated above.
SIGNATURIA (Degree or title)	ADDRESS DATE SIGNED
Horman Jane MA 33	15 6-16 - Washingto De /28/10
23. GURIAL GREMATION DATE THEREOF NAME OF CEMETE	RY, OR CREMATORY LOGATION (City, 64n, or county) (State)
DATE REC'D BY LOCAL   REGISTRATS SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6-28-51 7 MM NOTAL	S.H. Hines co. 2901-14 457.N
	VI / wad. D. c.



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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

06087

Reg. Dist. No. 2/6

TOR MEDICAL	Reg. Dist.	No. 4/2
I. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	Monla
CITY (If outside corporate limits write RURAL and   LENGTH OF STAY   OR give nearest town)	CITY (If outside composate limits, write RURAL and OR TOWN	give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp	STREET (If rural give location)	
3. NAME OF DECEASED (Fig.) (Middle) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If und Month	er i year   If under 24 hrs
done during most of working life, even if retired)  10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATTIER'S NAME	14. MOTHER'S MAPDEN NAME  Safelle Borri	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CEU	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Carcuma	I at lesure with	no
1/01/		1
Antecedent cause(s) Diseases or conditions, if any, (b) pleury	nd effusion	history
giving rise to the shove cause attaing the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes W No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deceafrom: natural eauses , accident , suicide , homicide , SIGNATURE (Degree or title)	used died on the dry stated above, and death in m	d from the evidence y opinion resulted  DATE SIGNED
though I prove hast m	Jacker I -	mel 6/19/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or con	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-19-51 Bessie We thombers	24. FUNERAL DIRECTOR	ADDRESS Yan At. M. 111
- I was in the second	William Ca. 1756,	Want DO
	19-71 A 1 I W	Porta, D.C.

A16A

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06088

Reg. Dist. No. 2/6

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOSTATE	OME) OF DECEASED.	TY MA
CITY (If outside corporate finite, write RURAL and   LENGTH OF STAY	CITY (If outside conforate	limits, write RURAL and g	ive nearest town
OR give nearest fown) (in the place)	TOWN KING	wille	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Auturban Hosp.	STREET ADDRESS	(If ru al give lo atlon)	
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	18. DATE OF MRTH 19	DEATH  AGE last birthday   If under	195/
WIDOWED, DIVORCED, (Specify)	Nov : (1871	79 Jrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or	oreign country)	2. CTIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (16. Social Security No.	Ollie Bria	lt - 1929-15	et Itih. W.
18. MEDICAL CE	RTIFICATION		D.C.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	1.0.		4 4 4
Immediate cause (a) Cerebrel su	MAPPOOL		sudden
S/Antecedent cause(s) Diseases or conditions, if any, (b)	met o and	semble	d days
giving rise to the above cause  170 stating the under ying cause last		1:0/0 04	- S - Constant
170 a searing the under ying tause last	fra aux	frederice, 100	
II. OTHER SIGNIFICANT CONDITION  Conditions contributing to the death but not related to the disease or condition causing death.	0		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
94 EXTERNAL CAUGE WAS DIACO (N	A (CITY OR TO	OWN) (COUNT)	Yes No No
21. EXTERNAL CAUSE WAS PRIMARY □ OR CONTRIBUTING X CAUSE OF DEATH.  PLACE (Home, farm, Inctory, street, OF office hldg (tc.) INJURY	Rescario	OWN) (COUNT)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCC	UR?	y my
OF INJURY 7 57.4.55m. While at work at work	Street by a	ento !	
22. I certify that I took charge of the remains described above, held an A	lutopsy [], Inspection [],	Inquiry [ thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece- from: natural causes □, accident ▼, suicide □, homicide □,	undetermined \(\sigma\).	above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
Trank ( Prose hast M.	U. Jark	restury mo	0 6-18-54
23. BURIAL, CREMATION PAYE TERROF NAME OF CEMETE	RY OR CREMATORY LC	ATION (Gity, Jowel, or cou	nty) (State)
DATE REC'D BY LOCAL   RIGIS WAR'S SIGNATURE	prug X	anay spru	14 1 /// /
REG. 1 10 9 10 10 10 10 10 10 10 10 10 10 10 10 10	2. EUNERAL RECUTOR	1/ / //	ADDRESS
6-18-31 Cilise Hedrow poor	2 Roll of X x	Suowaleur	L'ADDRESS Rockville
6-18-31 Pierre & Showpood	2 CHUT X X	Suowden	Prochvelle md.

1981 US MAY

BECEINED

BUREAU V. S.

correct age

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### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

6			Reg. Dist. 1	10
T	I. PLACE OF DEATH	2. USUAL RESIDENCE (		may a
	MARYLAND MARYLAND	marie	land COUN'	Morrie
1	OR give nearest town (in this place)	OR CITY (If outside co por	ate limits, write RURAL and	rive oearest town)
gil	TOWN CONTROL	TOWN COT	ctor	
of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR Petrcent Russ	STREET ADDRESS	(If rural, give location)	
an				
rly	DECEASED LA	(Last)	4. DATE (Month)	(Day) (Year)
lea	(Type or Print)  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED.	I & DATE OF BIRTH	9. AGE last birthday If unde	4× 19,7)
infe	Female White WiDOWED DIVORCED, (Specify) Married	5/30/1891	60 /rs. Month	Days Hours Min.
of	10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
E C	done during most of working life, even if retired)   INDUSTRY   Own home	South Dakota		USA USA
ite	13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
aus	Warren F. Hull	Emma E. Danil	es mu	M. A. J. A W. 2
e C	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of		DDRESS MIRK Hollow	, Ashton, ma
구축	no leervice)	Lt. Col. Alber	t F. Drake	
Supply every item write the causes of	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
Su	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
INK.	C. M.	he dans		1 11.
N S	Immediate cause (a)	y drown		She will block the same
1 ::	979 Antecedent cause(s)	T		dest
NC	Diseases or conditions, if any, (b).	**************************************	***************************************	1000 PT 11 100000 2000 DITTO 1000 1000 100 100
UNFADING t. Physicians:	etating the underlying cause last			
FA	II. OTHER SIGNIFICANT CONDITIONS			
Za	Conditions contributing to the death but not			
nt.	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			1 20. AUTOPSYT
WITH important	The same of the sa			
IV.	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	Yes No X
	PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	nn 1-11	m mai	- md
2 j	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OF		7
N.S.	OF INJURY While at work at work at work	drowned	while task	
L'A				
D 2	22. I certiff that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy, Inspection ]	(), Inquiry thereon and	d from the evidence
된	from: notural causes , accident &, suicide , homicide ,	undetermined .	a dosec, and deoin in m	y opinion resulted
=	SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
WRITE PLAINLY is especially	The 1. Bronstart m. 1	You Hours	burg med	6-4-5-1
(교	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or cou	inty) (State)
PLEASE	Burial (Specify) 6/7/51 Arlington Na:	tional Cemetery	Arlington, Virg	ginia
7	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	A	ADDRESS
pulse)	REG. 6-7-5-1 Gestinde B Lawler	Warner & Jum	phys 8434 Ga. Av	
			Silver Spri	

BUREAU VI 1951

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

g. Dist. No. 2/6

ODMITTOM	E OF DETAIL Reg. Dist. No	)
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY	Montgomer
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR tivo nearest town) TOWN Chevy Chase   (in this place)	Town Chevy Chase	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS 8315 Conn. Ave.	ADDRESS 8315 Conn. Ave.,	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES ROSS	DuSHANE DEATH June	18 195
5. SEX ) 6. COLOR OR RACE   7. SINGLE, MARRIED.	1 8. DATE OF BIRTH   1 9. AGE jast birthday   If under	1 year   If under 24 hr
Male White WIDOWED DIVORCED, (Specify) DIVORCED	March 21/92 59 yrs. Mouths	200 Hours Min
10a. IISHAI, OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY APPLE Broker	Davenport. Iowa	COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James D. DeShane	Marion Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of Unknown	Edward Northrop- same as :	Item #2
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
= DN100 000000000000000000000000000000000	N Marst	10,
Immediate cause (a)	7 00000	170.
MIN Antocodont course(s)		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
45 4 steady the distribution (c)		
H. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
part of the same o		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
901401	7 . C. Jane 18. Clare	
22. I hereby certify that I attended the deceased from home	, 19, to, that I last s	aw the deceased
alive on June / 190 ), and that death occurred at ./	L. J. from the causes and on the date st	ated above.
signature approved by Montg. co. Medicartitle)	ADDRESS	DATE SIGNED
signature approved of the state	900 Military DN. DC Jam	0,18 195
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	ty) (State)
DEMOVAL (Specify)	11477 0	3/1 3 3
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6-20-51 Bessee M. Shown Land	130 V A S A	
6 20 21 Percellinguament	1 Bober a. Tumphrly, Bet	hesda, Md

KYKKKK

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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correct

VS. A15

Montgomery County Medical Examiner notified and approved Signature.

2 .V UAERUS

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MIARGIN RESERVED FOR BINDING

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06091

Reg. Dist. No. 218

I. PLACE OF DEATH- COUNTY MONTGOTHER MARYLAND CITY (If outside corpofate limits, write RURAL and   LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	COUNT	. W. C.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	Maneland	minde
	CITY (If outside corporate limits, write RURAL and g	ve nearest town)
OR give nearest tokiny TOWN  (in this place)	OR 11	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR ()	ADDRESS 12 2 J. (Red.	1-11
STREET ADDRESS Section and 1707,	" (reac	rand)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) William Edward	Earl DEATH Inne	1201
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATR/OF BIRTH   9. AGE iast birthday   If under	I year Ilf under 24 hrs
Mule Willowed, DIVORCED, (Specify)	Months	Days Hours Min.
"10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Rusings OR		2. CITIZEN OF WHAT
done during most of working life even if retired) INDUSTRY	Deres ord Mide Muray	COUNTRY?
13. FATHER'S NAME ( CA CA CA	14. MOTHER'S MAIDEN NAME	
total & sall -	Transie Buttery	
16. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1000
(Yes, no, or unknown) (If yes, give war or dates of	John D. D. B.	12 - Wi 7015
	Sille & DO-11 ASSIGNED &	1771
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
D. I et.		
Immediate cause (a) Uretrac Miss	on hage due to	- 1-Si-194
	ben 11	
812.5 Antecedent cause(s) Fractime & S	kull	
8/2, 5 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause	knll	
8/2, 5 Antecedent cause(s) Fractime & S	knll	
8/2, 5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	knll	
8/2. 5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	knll	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	knll	20 AHTADSV?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  170 stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	knll	20. AUTOPSY?
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes 🔀 No 🗆
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office Mg., etc.)		Yes 🔀 No 🗆
SIZ. 5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170 United Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING PLACE (Home, farm, factory, street, OF office ldg, etc.) INJURY	(CITY OR TOWN) (COUNTY Redland month	Yes 🔀 No 🗆
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  170 stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING OF office log, etc.)  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF Months of the contribution	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?	Yes 🔀 No 🗆
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  17 O THER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY Redland Mong	Yes 🔀 No 🗆
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  17. Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office Idg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFF OFF OFF OFF OFF OFF OFF OFF OFF	(CITY OR TOWN) (COUNTY Redland Monty How DID INJURY OCCUR?  Struck by lints while has	Yes of No (STATE)  (STATE)  mel
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office day, etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF OFFICE CAUSE OF DEATH.  22. I certify that I took charge of the remains described above, held an analysis of the company of the compa	(CITY OR TOWN) (COUNTY  Redland Mon's  How DID INJURY OCCUR?  Struct by anto while Grad  Autopsy & Inspection   Inquiry   thereon and	Yes & No (STATE)  (STATE)  Mel
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  17.0  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OFFICE (Home, farm, factory, street, OF office ledg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFICE (Home, farm, factory, street, OF OFFICE (Home, farm, factory, street, OFFICE (Home, farm,	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?  Struck by lasts while law Autopsy & Inspection , Inquiry thereon and eased died on the dry stated above, and death in my	Yes & No (STATE)  (STATE)  Mel
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office day, etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF OFFICE CAUSE OF DEATH.  22. I certify that I took charge of the remains described above, held an analysis of the company of the compa	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?  Struck by lasts while law Autopsy & Inspection , Inquiry thereon and eased died on the dry stated above, and death in my	Yes To No (STATE)  (STATE)  Medical Market State
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office logg, etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR COUTRED OF Office logg, etc.)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said deach from: natural causes 1, accident 2, suicide 1, homicide 1,	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?  Autopsy & Inspection , Inquiry thereon and eased died on the dry stated above, and death in my undetermined .	Yes & No (STATE)  (STATE)  Mel
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OPERATION  22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decofrom: natural causes Accident X, suicide American	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?  Autopsy & Inspection , Inquiry thereon and eased died on the dry stated above, and death in my undetermined .	Yes To No (STATE)  (STATE)  Medical Market State
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office ldg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said deconform: natural causes are accident to the said deconform: natural causes are accident to the said deconform: natural causes accident to the said deconform.  23. BURIAL, CREMATION accident to the said deconform.	(CITY OR TOWN) (COUNTY Redland Mon's How DID INJURY OCCUR?  Struct by Auto while is a Autopsy Inspection I, Inquiry I thereon and east died on the dry stated above, and death in my andetermined I. ADDRESS  Shirthushing Mid	STATE)  (STATE)  (STATE)  (Main Aughors  from the evidence opinion resulted  DATE SIGNED
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  17	Autopsy & Inspection Inquiry thereon and eased died on the dry stated above, and death in my undetermined ADDRESS  Lithus Lung Md  ERY OR CREMATORY LOCATION (City, town, or cour	Yes No (STATE)  (STATE)  (May be placed of the evidence opinion resulted DATE SIGNED  (1-19-5-1)  (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  17	(CITY OR TOWN) (COUNTY  Redland Mong  How DID INJURY OCCUR?  Struct ty ante while in a  Autopsy & Inspection Inquiry thereon and eased died on the dry stated above, and death in my undetermined ADDRESS  Lithurburg Md  ERY OR CREMATORY LOCATION (City, town, or county)  Oak Gaithersburg.	from the evidence opinion resulted  DATE SIGNED  (STATE)  And  And  And  DATE SIGNED  (State)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  17 O THER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street, OF office logs, etc.)    17. TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED    18. OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street, OF office logs, etc.)    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street, OF office logs, etc.)    19a. DATE (Month) (Day) (Year) (Hour)   INJURY OCCURRED    22   While at   Not while    23   While at   Not while    24   Work   10    25   SIGNATURE   NAME OF CEMETE    26   POPEST    27   PLACE (Home, farm, factory, street, OF office logs, etc.)    28   PLACE (Home, farm, factory, street, OF office logs, etc.)    29   OFFICE logs, etc.)    20   OFFICE logs, etc.)    20   OFFICE logs, etc.)    21   OFFICE logs, etc.)    22   SURIAL CREMATION   DATE THEREOF   NAME OF CEMETE    23   BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE    24   PREMOVAL (Syncify)    25   PLACE (Home, farm, factory, street, OFFICE logs, etc.)    26   OFFICE logs, etc.)    27   OFFICE logs, etc.)    28   OFFICE logs, etc.)    29   OFFICE logs, etc.)    20   OFFICE logs, etc.)    21   OFFICE logs, etc.)    22   OFFICE logs, etc.)    23   BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE    24   OFFICE logs, etc.)    25   OFFICE logs, etc.)    26   OFFICE logs, etc.)    27   OFFICE logs, etc.)    28   OFFICE logs, etc.)    29   OFFICE logs, etc.)    20   OFFICE logs, etc.)    21   OFFICE logs, etc.)    22   OFFICE logs, etc.)    23   BURIAL CREMATION    24   OFFICE logs, etc.)    25   OFFICE logs, etc.)    26   OFFICE logs, etc.)    27   OFFICE logs, etc.)    28   OFFICE logs, etc.)    29   OFFICE logs, etc.)    20   OFFICE logs, etc.)	Autopsy & Inspection Inquiry thereon and eased died on the dry stated above, and death in my undetermined ADDRESS  Lithus Lung Md  ERY OR CREMATORY LOCATION (City, town, or cour	Yes No (STATE)  (STATE)  (May be placed of the evidence opinion resulted DATE SIGNED  (1-19-5-1)  (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  170  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OFFICE OF OFFICE OF OFFICE OFF	(CITY OR TOWN) (COUNTY  Redland Mong  How DID INJURY OCCUR?  Struct ty ante while in a  Autopsy & Inspection Inquiry thereon and eased died on the dry stated above, and death in my undetermined ADDRESS  Lithurburg Md  ERY OR CREMATORY LOCATION (City, town, or county)  Oak Gaithersburg.	from the evidence opinion resulted  DATE SIGNED  (STATE)  And  And  And  DATE SIGNED  (State)



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

06092

1. PLACE OF DEATH- COUNTY Montgomery MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTMONTGOMERY				
MARYLAND MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town)				
OR give pearest	town) er Spring	AL and LENGTH OF STAY (in this place)	B OR	Spring	L and give	nearest town)
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give lo	cation)	
STREET ADDRES	ss 8306 Queen	Anne's Drive	ADDRESS 8306	Queen Anne's	B Drive	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	onth)	(Day) (Year)
(Type or Print)	John	W.	Eiter	OF DEATH J	ine	13 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1	
Male	White	WIDOWED, DIVORCED, (Specify) Married	July 2 1908	1.2 ym.	Months I	Days Hours Min.
10s. USUAL OCCUPA	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Germany	or foreign country)		CITIZEN OF WHAT
13. FATHER'S NAM	E	ara vy zaco:	14. MOTHER'S MAIDER	JNAME	-	
Peter Eit			Katherine			
	VER IN U.S. ARMED FORCES	7 1 16. SOCIAL SECURITY NO.			0	3 1 7
Yes, no, or unknown)	(If yes, give war or dates of lacrvice)	578-09-0278	Mrs. Irene M.	Eiter, Silve	Queen er Spri	Anne's Dr. lng. Maryla
		18. MEDICAL CE				
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
		<b>M</b>	20			19
··· Immediate	e cause (a)	Corvuar	y I aron	ulms		oms.
1000 1			/			
	of cause(s) conditions, if any, (b)					
giving rise to	the above cause	***************************************	**	5 *** 0 == 0 <b>00**</b> 0 0 00 <b>0 0</b> 0 0 00 0 00 0 00 0		0 00 00 mm 2 0-0 2 2 1
940 stating the u	nderlying cause last					
11-	(c)					
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	h.				
		INDINGS OF OPERATION			1	20. AUTOPSY?
						Yes   No
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	COUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CCURT		
OF INJURY	m.	While at Not While Work At work				1
			- / .	2 ~	177	
22. I hereby certi	ify that I attended the	deceased from 6-12	, 19.51, to 6-1	3 , 19 57, that	I last sav	w the deceased
6-	-12 1057 am	d that death occurred at	30		*	
alive on	J, 19.9, an	(Degree or title)	ADDRESS	causes and on the	date stat	ed above.
70 4	^	7 1 1			1	/ _ /
M. d	ums	m. 29601	deoigia u	ve.	6/	13/51
23. BURIAL, CREM.	ATION   DATE THERE	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	a, or county)	(State)
REMOVAL (Spec	<sup>(fy)</sup> 6/16/51	St. Marv's	Catholic Cemeter			
DATE RECYD BY		SIGNATURE )	24. FUNERAL DIRECTO	OR		ADDRESS
REG. 6/4/5	1 Steams	est holler	Warner to Pumple	8434 Georg	ria Ave	
7179	- your	- House	THE THE PARTY OF T	Silver Spi	ring W	leny land

BUREAU V. S.
BUREAU V. S.
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY hostgomer
nontgomery MARYLAND	Mary 1 and most gomer
CITY (If outside corporate limits, write AURAL and LENGTII OF STAY OR give marrent town)  TOWN & Ona Harry (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) TOWN 5 1/02 5 0 1 145
HOSPITAL OR	STREET ADDRESS ADDRESS ADDRESS
STREET ADDRESS Washington Jen & Hosp	ADDRESS 8 409 Grove St.
3. NAME OF (First) (Middle)	(Last) / 4 DATE (Month) (Day) (Year)
(Type or Print) Ernest Gilbert	Es/in DEATH 6 - 17 - 187
5. SEX /   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under I year   If under 24 hrs.
hale Caucesian WIDOWED, DIVORCED, (Specify) Widower	6-27-92 58 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during post of working lift, everyll retired) INDUSTRY Dist. Of	Washing for DC COUNTY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Eslin	Mary Mahon
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) [1] yes, give war or dates of	Hospital harts
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
feel manage	No marked Dueste
Immediate cause (a)	January o
Antecedent cause(s)	- The David
Diseases or conditions, If any,	unour 10c. 10 Noys.
giving rise to the above cause stating the underlying cause last	
(c) Sulerulo	ers. 1142.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🖸
21. ACCIDENT (Specify) PLACE (Home, larm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work  At work	
22. I hereby certify that I attended the deceased from lay	19 38, to June '7, 19 57, that I last saw the deceased
alive on 17 , 1957, and that death occurred at	m, from the causes and on the date stated above.
SIGNATURI: Degree or title)	ADDRESS DATE SIGNED
CAX -IF AD 1- Ah	9 - 5 (in d) 1 d(-)1/10-
Junelly Offaugher Ith	8252 Sla. Clic Selan Franke 6-17-57
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
Bur 18 YAL (Specify) 6/20/51 St. John's Ca	
	atholic Cemetery Montgomery County Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

BUREAU V. S.
BUREAU V. S.

CERTIFICATE OF DEATH

#### 2411 N. Charles Street, Baltimore

06094

214 Reg. Dist. No.

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
MARYLAND MARYLAND	STATE district of Columbia	+ me.
CITY (If outside corporate lights, write RURAL and   LENGTH OF STAY		est town)
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY (in this place) (in this place) TOWN	TOWN 2506 f. 600 St	1004
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR 2506 Lindell Street	ADDRESS Silver Spring M	d.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	) (Year)
(Type or Print) CATHERINE VIROLNIA	EVERETT DEATH JUNE 13.	1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,		If under 24 hrs
TEMALE WHITE WIDOWEDS DIVORCED,	OCT. 31, 1858 92 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business of done during most of working life, even if retired)   INDUSTRY		EN OF WHAT
House	Washington D. C COUNT	RYZ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4111
JAMES ARTHUR BRIDGET	HANN ELIZABETH SANNER	2
15. Was Deceased Ever In U.S. Armed Forces?   16. Social Georgity No. (Yes, no. or unknown)   (If yes, give war or dates of	17. INFORMANT	
aervice) none	DAUDHTER (MARIE L. LINDE	A/
18. MEDICAL C	ERTIFICATION 8	4
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTE	RVAL BETWEEN OF AND DEATH
b 1. 0	2 t. 0 .	
Immediate cause (a) Ollarsaling	alloseleine	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	alure	
giving rise to the above cause stating the underlying cause last	***************************************	***********************
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20.	AUTOPSY?
none none		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		(STATE)
SUICIDE HOMICIDE OF office bldg., etc.)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While At work		
	0.0	
22. I hereby certify that I attended the deceased from	R. 19/9/7 to Male 19 that I last saw th	heresseh e
alive on		bove.
SIGNATURE (Degree or title)	ADDRESS Like DA	re signed
15.00 DAMO	500 H 1 . D = place 21	6/12/-
( Welden ), leap 11.17, 11	DO & Hrankview Cive, spring, Md	1.731
DEMOVAT- (Specifix)	ERY OR CREMATORY   LOCATION (City/town, or county)	(State)
Durial O/10/31 Mc. Oliver	Cemetery Washington DC	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		DRESS
REG. 6/13/51 tances other	The S.W. Thenes &	-
	10	2 0 0
	2901-14 Bx N. W. Wash	1 2 8

The correct age

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

### CERTIFICATE OF DEATH

06095

Reg. Dist. No. 223

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomery MARYLAND	STATE District of Columbia	
	CITY (If outside corporate limits, write RURAL and give ne	parent town)
OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	OR TOWN Washington	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION_OR_ / ) / / / / / /	ADDRESS	11 /1/
STREET ADDRESS (1) ashington Sanitarium and Hosp.	415 Columbia Kd.	N. WV
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (D	(Year)
(Type or Print) Hice May	Farr DEATH 6 /	3 195/
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH ,   9. AGE last birthday   If under 1 year	ar III under 24 hrs.
Female Caucasian WIDOWED, DIVORCED, (Specify) mannied	11-27-6867 23 WM Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY		NTEY?
Housewife		u.s. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Righstine	Mary Ford	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Records	
18. MEDICAL CEI		
16. MEDICAL CE		TERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NEET AND DEATE
Hick states	14	7. 1
Immediate cause (a)	vuentionia y	emma
2/A Antecedent cause(s) Diseases or conditions, if any, (b) Hyperleuses	i - with uremic state.	Hears
giving rise to the above cause		A
stating the underlying cause last	1 11.1-	
(c) Draveles N	lellelus	
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20	. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,		Yes No
SUICIDE OF office bldg., etc.)	(CITI OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from June	, 19.51, toJune13 19.51. that I last saw	the deceased
alive on June 13 , 1951 , and that death occurred at 6		above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Make a to the same In	Takoma Pank Md June	13. 1951
a larcy aviacemen		
23 BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, of county)	(State)
Dxilleal Tunesty 1951 Menine	nation - Maximaton -	-1101-
DATE REC'D BY LOCAL REGISTRARY SIGNATURE	24 FUNERAL DIRECTOR	DDRESS
REG. 6-13-51 / 1 / MAN NOOT	1 / the here Walland 254 - care	olly y
	The state of the s	11/1
	11 - Carrino	6/201/8

NOW IS 1821 DECEINED

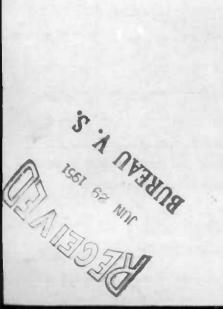
2411 N. Charles Street, Baltimore

06096

### CERTIFICATE OF DEATH

	Reg. Dist. No	• · · · · · · · · · · · · · · · · · · ·
I. PLACE OF DEATH- COUNTY MONTONERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in, this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Washington, D. C.	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.	STREET ADDRESS 430 Buchanan St	. N.W
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DA LE OF BIRTH   9. AGE last birthday   If under	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of work done during most of working life, even if retired)	II. BERTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
13. FATHER'S NAME HERE Schmidt	14. MOTHER'S MAIDEN NAME Marie Goethe	7
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no. or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	ton Soud Hopp
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Quantition	1	Terminal
15/X Antecedent cause(s)	е волина	Que lear
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	is Alloweth	From Venas
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	7	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	& Stourch	20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE OF office bldg., etc.) INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oug.	, 1949, to June 25, 19.5/, that I last sa	w the deceased
alive on 195, and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	0	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
	Hashin	g lon We.
	/	_

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

07.5

1. PLACE OF DEAT	n·		2. USUAL RES	IDENCE (HO	ME) OF DECE	ASED:		
COUNTY	Montgomery	MARYLAND	STATE	Maryland		COUN	TY J.	
CITY (If outside o	opporate limite preite RIIR	AL and   LENGTH OF STAY	CITY (If out	tside corporate	limits, write RI	JRAL and s	ive nearest to	OWD)
OR givo neares	Bethesda, Rural	(in this place) 8 days	OR		imore			,
HUSPITAL UK			STREET	2000	(If rural, giv	re location)		
INSTITUTION O STREET ADDRE	ss U. S. Naval		ADDRESS		Dunstar			/
3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) Peter	(Last) FRANK	4	OF DEATH	June 8	(Day)	(Year) 19 51
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mair 100	Nov. 16,	1889   9.	AGE last hirthd	lay   If unde	r t year   Hu   22's   Ho	ndar 24 hrs
done during most of Naval	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Navy	11. BIRTHPLA	CE (State or fo	reign country)		12. CITIZEN COUNTRY?	
13. FATHER'S NAM	IE .		14. MOTHER'S	MAIDEN NA	AME			
Loui	is FRANK		Rose	MATAMOF	RES			
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service) WW II	? 16. SOCIAL SECURITY NO.	Wife:	Elizabe	obress eth FRAM			
1199	INC. TROOP IN THE TAIL	18. MEDICAL CE	RTIFICATION S	Same as 1	tem # 2		1	
I DIGEAGES OF CO	יאירוייוראופ הווסטריייוער							BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY			1 1 1		4.		ND DEATH
Immediat	e cause (a) I	brombooia, left post	esion due	ral and b	aselar o	rleru	200	ira.
30 V Anteceder	nt cause(s)	. Danie and Consider		0				
Diseases or	conditions, if any, (b)	h tarasceroser	generali	real		**** ************		
24 stating the	inderlying cause last		0	U				
) N	(e)							
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h.						
		FINDINGS OF OPERATION					20. AUT	OPSY?
							Yes OT	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	((	CITY OR TOW	(N)	(COUNT)		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID IN	JURY OCCUI	R?			
OF INJURY	m.	While at Not While Work At work						
	ify that I attended the	e deceased from May 30	19 51 to	June 8	19 51 th	at I last	sow the de	occored.
adive on	ne 8, 19.21, an	d that death occurred at	ADDRESS	from the car	uses and on	the date s	stated abov	e. SIGNED
		USNR U.S. NAVAL					une 9,	1951
23. BURIAL, CREM REMOVAL (Spec BUTIAL	June 14.				ATION (City, of Arlington			(State)
DATE REC'D BY	LOCAL   REGISTRAR'S		24. FUNERAL			3 8	ADDRE	SS
June 9, 19	51 Plant	Whattengto	R. A.	Pumphre	y Funera	1 Home		244716
			Wisco	nsin Ave	nue, Bet	nesda.	Maryla	nd.
			Kaber	f a. 3	Dunk	hree	CDC	



### CERTIFICATE OF DEATH

0	MARILAND STATE DEPARTMENT	I OF HEALTH	01190
	2411 N. Charles Street, Baltin	more	
	CERTIFICATE OF I	DEATH Reg. Dist. N	. 223-
	1. PLACE OF DEATH- COUNTY  COUNTY  COUNTY  COUNTY  MARYLAND  2. USUAL RE STATE	ESIDENCE (HOME) OF DECEASED. COUNT	Y
ibly.	CITY (If outside corporate limits, write BURAL and LENGTH OF STAY OR givo nearest town)  TOWN  TOWN  TOWN  TOWN	outside corporate Maits, write RURAL and w	ve nearest town)
nd leg	HOSPITAL OR INSTITUTION OR AShing for San & Hospi ADDRESS	48 Alans of	N.W. 1
arly a	3. NAME OF DECEASED (Type of Print) DY 41 d Tranklin Twi	1/+2   4. DATE (Month) OF DEATH 6 —	(Day) (Year)
of information carefully leath clearly and legibly.	6. SEX  COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify  WIDOWED, DIVORCED, Specify  To July days  8. PATE OF  WIDOWED, DIVORCED, Specify  WIDOWED, Specify  To July days  1. SINGLE, MARRIED, WIDOWED, SPECIFICATION  OF THE SPECIF	BIRTU 9. AGE last birthday If under Months	1 year   If under 24 hrs.   Days   Hours   Min.
of death	done during most of working life, even if petired)  10b. Kind of Business or 11. Alerthyll Industry	more Co Med	2. CITIZEN OF WHAT
every nem	13. FATHER'S NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMA	achel Hm	ogers
5.44	(Yes, no, or unknown) (III yes, give war or dates of service)	as pital econs	3,
write t	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
N A	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· = ·/	ONSET AND DEATH
ase	Immediate cause (a) Oougestine Oarde	ac tailure	termina
s: please	443X Antecedent cause(s) Diseases or conditions, if any, (b) Ay pertension	Ye (Mark)	Years
sician	93 d stating the underlying cause last (c) Cuptilis: - Mech	Tie.	su vent
WITH UNFADING mportant. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ant	192. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
E to			Yes No
~:=	SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	) (STATE)
especially	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID I While at Not While   Not Work   At work	INJURY OCCUR?	
PLA is esp	22. I hereby certify that I attended the deceased from 1947, to		
WRITE FLAINLY is especially	alive on 6-/2-, 19-/., and that death occurred at	., from the causes and on the date st	tated above. DATE SIGNED
}		'akoma Park, Md.	6-13-51
EASE	23 BURIAL) CREMATION DATE THEREOF NAME OF CEMETERY OR CREMA	ATORY LOCATION (City, town, or coun	ty) (State)
FLE	DATE REC'D'BY LOCAL REGISTRATISE SIGNATURE 24 TUNERAL PROBLEM SIGNATURE SIGN	Linea Co Washing	ton D.C.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

06099

### CERTIFICATE OF DEATH

						reeg. Dis	6. 110 june	
I. PLACE OF DEATH COUNTY	·		2. USUAL RES	IDENCE (H	OME) OF DI		UNTY	
190	ntgomery	MARYLAND	/	Maryla,	nd		PYI	me Geo.
OR givo nearest	rporate limits, write RUR	(in this place)	II OR	1	te limits, write		nd give near	est town)
TOWN	Takomo Pa	rk GMa, bdoys		aKoma				
HOSPITAL OR INSTITUTION OR STREET ADDRES	s Washington	Sant Hosp.	STREET ADDRESS	7213	15-th	Arc	on)	
3. NAME OF	(First)	(Middle)	(Last)		4. DATE	(Month)	(Day	(Year)
DECEASED (Type or Print)	Esther	Becker	Goren			June	//	1951
5. SEX	6. COLOR OR RACE Hebrew	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	18. DATE OF B		9. AGE last bi	rthday If u Mo	nder 1 year nths   Days	Hours Min.
	TION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLA			у)	12. CITI	ZEN OF WHAT
done during most of w	orking life, even if retired)	INDUSTRY	150	ussia			COUNT	WSA
13. FATHER'S NAM	E . ,		14. MOTHER'S	MAIDEN	NAME			
Harry S	legel		Fann	ije C	Bahoon			
15. WAS DECKASED EV	ER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMAN	AND TY	ADDRESS			
No	service)		HOSP	Record	15.			
		18. MEDICAL CE	RTIFICATION				Tarren	EVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH						ST AND DEATH
		hrombosis - m	1 many	caron			2	don
Immediate	cause (a)/	11.0 m . 02 13.	7		***********************	*******		
1/20 / Anteceden	t cause(s)	anno beent	bacano - u	1000	had not	1. +	14	4110
Diseases or e	onditions, if any, (b)	o way , or	6	Joca	my hope			
94a stating the un	nderlying cause last	11 +		-1				
' '	(c)	Cypertension a go	marged	may;	clerons		1	
polated to the disease	ting to the death but not	in cerebral grando	zy - ne	shrit	-a' ·			
19a. DATE OF OPER	RATION   19b. MAJOR	FINDINGS OF OPERATION	0				20.	AUTOPSY?
								No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(1	CITY OR T	OWN)	(COU)	NTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID IN	NJURY OCC	CUR?			
		e deceased from	1046	6/12	105/	that Y !	not on m 41	
22. I hereby certi	iy that I attended th	e deceased from	, 19, 10.		, 13.4/.	, that I is	ast saw tr	ie deceased
alive on	//0 , 19 J , ar	d that death occurred at	1.1. A.m.,	from the	causes and	on the da	te stated :	above.
SIGNATURE	/	(Degree or title)	ADDRESS				DA	TE SIGNED
50	11 Y/Land	wood M. P.	3 208 -	172th	w Was	11 .0 6	6/1	1/51
23. BURIAL CREM	ATION   DATE THERE	OF NAME OF CEMETE			OCATION (C)			(State)
REMOVAL (Spec	i(v) / / /	51 Both St	islow)	1	ab 9	Leig	Lit o	mick.
DATE REC'D BY	LOCAL   REGISTRARS	SIGNATURE	24. FUNERAL	DIRECTO	R	1	AD	DRESS
REG. 6/1/	51 4.111	nos NOOD	BAR	maas	Mely	LSOS	N	
	1/			7 -	Wast.	p.c.	PRNI	11
				3	5014	143	1 14	VC.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEA	VIH	Reg. Dist. No	0. 2/6	••••
I. PLACE OF DEATH	H.	MARYLAND -	2. USUAL RESIDENCE STATE	CE (HOME) OF DE	ECEASED COUNT	Y Montgome	4
CITY (If outside c OR give nearest TOWN	corporate mits, write KURA town) Belles de		TOWN /	orporate limits, write		ve nearest (own) U	-
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Hans		STREET ADDRESS 7//	5 Mores	n feare.		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day) (Ye	ear)
DECEASED (Type or Print)	PAULA	MAE	GROOME	DEATH	June.		5/
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH		irthday   If under	l year   If under 24   Days   Hours   M	t hra
Female	White	(Specify) Single	Feb. 25, 194		yrs. Months.		
done during most of	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S			2. CITIZEN OF WI	
51	mident	XXXX	Patters MAI	son, N.J.		US US	A
13. FATHER'S NAM	77						
	Preston E			ty Smerdea			
(Yes, no, or, unknown)	VER IN U.S. ARMED FORCES?   (If year, give war or dates of		17. INFORMANT A		1	rion Lan	
NO	service)	None	Preston I	Groome	Bethesd	a 14, Md	
Diseases or giving rise t stating the t	conditions, if any, (b)		Blisoms	· type n	et determ	10 mm	n4
19a. DATE OF OPE	RATION   19b. MAJOR F	INDINGS OF OPERATION	^			1 20. AUTOPSY?	7
Sofet-1990. March	8.47mg 1951. Tu	mor of Brain in	vascere . Eft?	frontal - are	1001	Yes D No	
21. ACCIDENT SUICIDE HOMICIDE		E (Home, farm, factory, street, office bldg., etc.)	(CITY	OR TOWN)	(COUNTY)		0
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	Y OCCUR?			
22. I hereby cert alive on 21. SIGNATURE	Sune 19.5/, and	deceased from Aug	4:30 Am., from ADDRESS 7936 Pses	the causes and	on the date st	tated above. DATE SIGNE	ED
23. BURIAL, CREM REMOVAL (Spec	IATION DATE		RY OR CREMATORY		ty, town, or coun	ty) (State)	)
Burial	June 2	3/51 Rock Creek	1	Washin	gton	D. C.	
DATE REC'D BY	LOCAL REGISTRAR'S	_	24 FUNERAY DIR	/ I / hi	HOLL Dat	ADDRESS	ra.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06101

eg. Dist. No. 2/6

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
Montgomery MARYLAND	maryland montgomery
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Bethesda.  LENGTH OF STA  (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Suburban Hospital	ADDRESS 142 Maple Ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Kenneth Lee	Chalen OF DEATH & 29 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	1 June 22, 1991 yrs. ( ) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kenneth Mead Haley	Nancy Lee Depew
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Mr. Kenneth Mead Haley, 142 Maple Ave.
18. MEDICAL	CERTIFICATION Kensington, Maryland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Peritoritis, 9	eneralized course undetermined 72 hrs.
1/ 1 D Antondark course(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause	100 100 107 1 1 1 1 1 1 1 1 1 1 1 1 1 1
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	r left complete com undeterm orgenital
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF   While at   Not While   INJURY   m.   Work   At work	
22. I hereby certify that I attended the deceased fromJun	ec22, 1951, to June 27, 1951, that I last saw the deceased
alive on June 21, 19.51, and that death occurred a SIGNATURE	t. 1. 1. 1. 5. Cm., from the causes and on the date stated above.  ADDRESS DATE SIGNED
Thomas G. h. Hudinan, M. LD.	Kensington, Med 428/57
TOTAL CONTACT (Consultant)	ETERY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial (Specify) 6/29/51 Layhill Ce	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6 29/5/ Blasil M. Thompson	Warney to Tumphyee 8434 Ga. Ave.
01-101/01/	Silver Spring, Maryland



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2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06102

Reg. Dist. No. 215

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	r.
MONTGOMERY MARYLAND	Virginia Prince V	Villiam
CITY (If outside corporate fimits, write RURAL and CITY (If outside corporate fimits, write RURAL and CITY (If this, place)  OR give nearest town)  Bethesda, Rural  I mo 1, days	CITY (If outside corporate limits, write RURAL and give OR TOWN Quantico	ve nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	ADDRESS General Delivery	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) William (none)	HALSEY DEATH June 2	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Jan. 24, 1882 9. AGE last hirthday If uoder	year If under 24 hre. Hours   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)  10b. Kind of Business or Hubustry Landing Corp.  10c. USUAL OCCUPATION (Give kind of work done during most of work during most of work done during most of work done during most of work done during most of work during most of work done during most of work during most of work done during most of work done during most of work dur	11. BIRTHPLACE (State or foreign country) 12 Wisconsin	COUNTRY! US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nelson HALSEY	Jane A. BURTS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) WW T	Brother: Clarence HALSEY, 5203	Summer St.,
18. MEDICAL CE	RTIFICATION Appleton, Wisconsin	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Transition, and the same of th	INTERVAL BETWEEN ONSET AND DEATH
	MA MACODUADYNY LITTU METACTACEC	
Immediate cause (a) FFIDERMOID CARCINO	MA, NASOPHARYNX, WITH METASTASES	** ***********************************
146 X Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or coodition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	1, 16,	Yes X No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Mooth) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from May 11	1951 to June 25 19 51 that I last a	aw the deceased
		A.
alive on June 25, 1951, and that death occurred at 1 SIGNATURE 25, 1951, and that death occurred at 1	ADDRESS /	ated above. DATE SIGNED
		29, 1951
23. BURIAL, CREMATION   DATE THEREOF REMOVAL (Specify)   July 2, 1951   Arlington N	ational Arlington, Virg	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 29, 1951 Plock wastington	Wastler Funeral Home, 301 East	t Capitol
	Street, Washington, D.C.	45911

RECEIVED

5325 12 525

BURRAY V. S.

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06103

Reg. Dist. No. ... 218.

I. PLACE OF DEAT	H·		2. USUAL RESIDENCE (H		
COUNTY	Montg	MARYLAND	STATE Marylan	d co	UNTY Montg
OR give nearest	orporate limita, write RUR. town) a 1 thershurg.	(in this place)	OR	ershuro. Bu	od give ocarest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS	(If rural, give location	Md,
3. NAME OF DECEASED (Type or Print)	(First) Leo	(Middle)	(Last) larper	4. DATE (Month OF DEATH	(Day) (Year)
5. SEX Male	% COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10 OW @ P	s. DATE OF BIRTH	9. AGE last birthday II to 64 yrs.	onths. Days Hours Min.
	ATION (Give kind of work pricing life, even if retired)	10b. Kind of Business on DUDUTOR At Gas	Washington	foreign country)	12. CITIZEN OF WHAT COUNTRY! US A
13. FATHER'S NAM	Œ	Station	14. MOTHER'S MAIDEN	NAME	
	Franklin Ha	rper	Katherin	e Finley	
15. WAS DECRASED E	ver In U.S. Armed Forces   (If year, give war or dates of	7 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(1th, no, or unanown,	aervice)		Howard Ha	rper. Gaith	ersburg Md.
I. DISEASES OR CO	ONDITIONS DIRECTLY e cause (a)	18. MEDICAL CE Acteriase	RTIFICATION	art Drue	INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise to	conditions, if any, (b) cothe above cause	infertill by	realt fact	vetoris,	asize.
6/ stating the u	inderlying cause last	waveles	· mulling		1 years
Conditions contribu	CANT CONDITIONS uting to the death hut not use or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COU)	Yes No (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cert	o	e deceased from	25-10	7., 19.5./, that I la	
signature fach	humail	d that death occurred at (Degree or title)  M. A.	Darther	string, M	d Junes,
REMOVALLE	到 6/10	/51   Forest Oa	.K.	Gaithersburg	couoty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
Jun X,1"	75/ 11hmin	Ca of Correct	1 Ernest C.	Gartner. Ga	althersburg.
U				97066	Md.

BUILTIN I. S. S. BUILTIN II 1951

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### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06104 Reg. Dist. No. 215

390906

/				
I. PLACE OF DEATH.		2. USUAL RESIDENCE (I	HOME) OF DECEA	SED.
COUNTY Montgomery	MARYLAND	STATE Distri	ct of Colum	abia
CITY (If outside corporate limits, write RURA	L and   LENGTH OF STAY	II CIT I (II outside corpor	ate limits, write RUI	RAL and give nearest towo)
OR TOWN give nearest Bethesda, Rural	an days	OR TOWN W	ashington	
HOSPITAL OR		STREET	(If rural, give	location)
INSTITUTION OR U.S. Naval	. Hospital	ADDRESS 101	6 Hamlin St	reet, N.E.
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE	Month) (Day) (Year)
(Type or Print) Weston	Welford	HAWKINS	DEATH .	June 22, 1951
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthda	
Male Negro	WIDOWED, DIVORCED, (Specify) Married	Oct. 15, 1887	63 ym	y If under 1 year   If under 24 hrs   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of working ille, even if retired)	U. S. Gov't	Virginia		COUNTRY? US
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Richard HAWKINS		Rosa FOR	D	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, on unknown) (If yes, give war er dates of		Wife: Mary L	illian HAWK	INS
	18. MEDICAL CE		as item # 2	
I. DISEASES OR CONDITIONS DIRECTLY I		Counc	ao zoem // A	INTERVAL BETWEEN ONSET AND DEATH
	2			ONOR! AND DEATH
Immediate cause (a)	erebral her	um hage de	u la	2 hrs
401				
Antecedent cause(s) Diseases or conditions, if any, (b)	us fulentivo	•		
giving rise to the above cause		***************************************	• W4 • 680 · = W4 W4 • 6 · · · · · · · · · · · · · · · · · ·	
stating the underlying cause last	197	2.		2 21
II. OTHER SIGNIFICANT CONDITIONS	Mercasil	erous		2 pm
Conditions contributing to the death but not	0, 1			2/10
related to the disease or condition causing death		mon hage		1 20, AUTOPSY?
198. DATE OF OPERATION 198. MAJOR F.	INDINGS OF OPERATION			
21 UNTERNAL CALIFE WAS 1 DIAG	SE (Many form form)	(CITY OR	POJULATY	Yes Z No 🗆
21. EXTERNAL CAUSE WAS PLACE PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.) RY	(CIII OR	IOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY m.	While at Not while work □ at work □			
22. I certify that I took charge of the remai	ns described above, held an A	Autopsy 🔀, Inspection 🗆	], Inquiry [ the	reon and from the evidence
obtained by said Autopsy, Inspection or	Inquiry, find that said dece	ased died on the any state	d above, and deal	h in my opinion resulted
from: natural causes . accident .	(Degree or title)	ADDRESS		DATE SIGNED
	7	11 -	1	2 0. 0.100
Though 6. 12rs	rehard M. U.	Varthern	-y mo	6-22-57
23. BURIAL, CREMATION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY	LOGATION (City, to	
Burial (Specify) / June 26,19	751   Arlington	National	Arlington.	Virginia
DATE REC'D BY LOCAL   REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
Julie 22, 1951 Elit	Intothe of	W. E. Jarvis	Funeral How	e. 1432 U Street.

NW, Washington, D.C.

, -7 4 S A DESTREE SE NOTE SE

2411 N. Charles Street, Baltimore

e correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefi is especially important. Physicians: please write the causes of death clearly and legil

MARGIN RESERVED FOR BINDING

06105

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1 PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Montgomery Maryland	District of Columbia	2.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
OR give nearest town Bethesda, Rural In mbls Place	Town Washington	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	1618 Good Hope Road	, S.E.
3. NAME OF (First) (Middle)	(Last)   14. DATE (Month)	(Day) (Year)
(Type or Print) Mary Elizabeth	HEBERT OF June 1	3. 19 5].
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If unde	r I year   Il under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Single	May 6, 1951 00 yrs. MOI	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Maryland	COUNTRY? US
13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	
Thomas B. HEBERT	Dorothy T. COTE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no. of unknown)   (II yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Mother: Dorothy T. HEBERT	
18. MEDICAL CE	RTIFICATION Same as item # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	11	- 4/
Immediate cause (a) Tydroceph	alus à Meningocelle	Birth
	l A	
Antecedent cause(s)  Diseases or conditions, if any, (b)		
giving rise to the above cause	## 104	
157 a stating the underlying cause last		1 - 14 - 1
II. OTHER SIGNIFICANT CONDITIONS		-
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		v
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT)	Yes No 45
SUICIDE OF office hldg., etc.)	(00011)	(SIAID)
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	I HOW DID INJURY OCCUR?	
OF While at Not While	NOW DID INCOME.	1.00
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from May 1	• 19 51 to June 13 19 51 that I leat	honocood the
alive on June 13 19 51, and that death occurred at	5:55P.m., from the causes and on the date s	tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
L. W. SEDERSTROM, LT, MC, USN U.S. NAVA	L HOSPITAL, BETHESDA, MD. Ju	ine 14, 1951
	RY OR CREMATORY   LOCATION (City, town, or cou	
REBOYALA (Specify) June 18,1951 Arlington N		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
"June 14, 1951 Elect Williams		
ound 149 1/11 Carra Willington	Chevy-Chase Funeral Home, 510	T WISCONSIN
0	Avenue, NW, Washington, D.C.	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06106 Reg. Dist. No. 2/4

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MON+90mer / MARYLAND	STATE M COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
(in this place)	OR -	
TOWN Lakuma Park Iday	TOWN Silver Spring	
HOSPITAL OR INSTITUTION OR	ADDRESS (H rural, give/location)	
STREET ADDRESS Washington San + Hospital	605 Woodside PKWY.	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) ()	Year)
(Type or Print) Franklin Valentine	OF /	1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATC OF BIRTH   9. AGE last birthday   If under 1 year   If under	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	/ Months Daws   Wants	Mln.
Male white (Specify) widowed  10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	7-26-64 86 ym. Montas Days (Adult)	
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V	WHAT
13. FATHER'S NAME DIY Goods	14. MOTHER'S MAIDEN NAME	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Benjamin F. Hillyard	Rose Sauter	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Theresa Hillyard 605 woodside PKwy St.	44.1
18. MEDICAL CE		Md.
	INTERVAL BET	WHIEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 ONSET AND D	EATH
Time the	art Tailing: Bar	
Immediate cause	Jacob San	
Antecedent cause(s)		
70 Diseases or conditions, if any, (b)	mia Idays,	
giving rise to the above ceuse		
93 d stating the underlying cause last	24 14	
II. OTHER SIGNIFICANT CONDITIONS	riscursio 10 900	-
Conditions contributing to the deeth but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	77
	Yes 🗇 N	To D
21. ACCIDENT (Specify) PLACE (Home, ferm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While et Not While		
INJURY m.   Work   At work	1 0	
22. I hereby pertify that I attended the deceased from hay 19:	8, 19 , to fund 13 , 1957, that I last saw the decease	no d
		sea
alive on fant 13 , 1951, and that death occurred at	p 20 p m. from the causes and on the date stated above	
SIGNATURE (Degree or title)	ADDRESS DATE SIGN	ED
A THE WAR	17. (401 A ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Knulk Baughlus 2100 0252	Clarger WO Deley Journy Md 6-13-	37
	RY OR CREMATORY LOCATION (City, town, or county) (Stat	e)
REMOVAL (Specify) 6/14/51 mx. Oliv	t Centery Washington D.C.	
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DESCOOR ADDRESS	
REG. 6 11/5, 1000 0000 000000000000000000000000000	the Share I - a. D. I	6
The following the state of the	The 217 of Au. A.	

BUREAU V. S.

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06107

Reg. Dist. No. 215

I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (	HOME) OF DECEASED.	NAMA
Mo	ontgomery	MARYLAND	Marylan	d Mon	tgomery.
OR give nearest	orporate limits, write RUR.	AL and   LENGTH OF STAY (in this place)			
TOWN	bethesda, Rural	I day	Town Hya	ttsville, Kent	
HUSPITAL UK			STREET ADDRESS 73	(If rural, give location	1
STREET ADDRES	u. S. Naval	Hospital	II ADDRESS 73	56 Forest Road	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	(none)	(none)	HOBBS	OF DEATH June	10. 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday   If un	der i vear ilfunder 24 bre
Male	White	WIDOWED DIVORCED, (Specify) Single	June 9, 1951	OO VIII. OO	the Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITTZEN OF WHAT
done advocation of w	orking life, even if retired)	INDUSTRY	Maryland		COUNTRY? US
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Cecil	H. HOBBS		Patty Marie	KEES	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(1es, no No unknown)	(If yes, give war or dates of service)	"	Father: Cecil	H. HOBBS	
		18. MEDICAL CE	RTIFICATION Same	as item # 2	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	10 01110	20011 // 2	ONERT AND DEATH
		11.1.4			011001 11110 111111
Immediate	cause (a)	atelecta	are.		· · · · · · · · · · · · · · · · · · ·
710 E Antocodon	t cause(s)	Premeter			
Diseases or c	conditions, if any, (b)	Premilie	rite (430	gny)	
	the above cause nderlying cause last		1		
stating the u	(c)		0		
II. OTHER SIGNIFIC	CANT CONDITIONS				
	ting to the death but not se or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes X No D
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUN'	
SUICIDE HOMICIDE	OF INJU	office hidg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
			<i>[</i> ] <i>[</i> ]	20 63	
22. I hereby certi	fy that I attended the	e deceased from June 9	, 1921 , to June	LU., 19.21, that I las	st saw the deceased
alise on Jur	ne 10 10 51 am	d that death accurred at 2	:53 A m from the	server and on the date	setated above
SIGNATURE	a Gedaround	d that death occurred at 2 (Degree or title)	ADDRESS	causes and on the date	DATE SIGNED
	a home has med				
A. GEDAROV	TOR, LI, MO, C	ISN U.S. NAVAL	HOSPITAL, BETHE	SDA, MD. Ju	ne 11, 1951
23. BURIAL, CREMA		NAME OF CEMETE			
Dispussion (Speci		1951 USN Medica	I School	Bethesda, Mary.	
	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	R	ADDRESS
Julie 11, 19	51 Elah	Kellenglow	None		
- 4	0	10			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# 06108

# CERTIFICATE OF DEATH

Reg. Dist. No....

I. PLACE OF DEATH- COUNTY MONT 90M CR 4 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MOUT -
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS HORNER'S Lear	STREET ADDRESS / OK A CAS COR C.
3. NAME OF DECEASED (First) FREDRICH (Middle) MANNIK9	HOLAR OF DEATH (Month) (Day) (Year)
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, OSpecify)	8. DATE OF BIRTH 9. AGE last birthday If under I year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)  10b. Kind of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? J. J.
13. FATHER'S NAME WILLIAM HOWAR	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Helen DUFFIN Soughton -
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)   (b) 4 9 es f 1	RTIFICATION  UP 1/202/ FS/1/49  INTERVAL BETWEEN ONSET AND DEATH  1/402/4
93 d giving rise to the above cause stating the underlying cause last (c)	sive Heart disease 10 YEARS
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED 17 och will, M. 6/23/51
DATE REC'D BY LOCAL RIGISTRARS SIGNATURE REG.	4 BUNDEAL DESCRIPTION (City town, or clinty)  (Sale)  ADDRESS
Tes Of St. V. Gewis !	Token hi Durwale

DE A DESTON

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

06109

Barnesville, Md

	FOR MEDICA	L EXAMINERS	Reg. Dist.	No. 212
and legibly.	I. PLACE OF DEATH- COUNTY ON GO MET MARYLAND  CITY (If outside corporate limits, write RURAY and OR give nearest from TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HO STATE MOY / A CITY (If outside or poration of the state of t	OME) OF DECEASED. COUL. e limits, write RURAL and VIII (If rural, give location	give nearest town)
s or death clearly	3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print)  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) 179/2  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1. INDUSTRY  13. FAMILER'S NAME	11. BIRTHPLACE (State or	A. DATE Mooth) OF DEATH O. AGE isst bipthasy If un Mont Storeign country)	(Day) (Year)  7 1937  der I year   If uoder 24 hrs. ths   Days   Hours   Min. 12. CITIZEN OF WHAT COUNTRY?
ase write the cause	16. Was Deceased Ever In U.S. Arred Forces? (Yes, oo, or uokoown) (If yes, give war or dates of learning to death  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a)	Mary ES 17. INFORMANT AND AD Mr Woodrow	DRESS	INTERVAL BETWEEN ONSET AND DEATS
. I hysicians; pie	929, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  183  18 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deeth.			glath.
retaily importain	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.)  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work of the w	Bealls VIII HOW DID INJURY OCC	e Monta	20. AUTOPSY? Yes No P
desel	22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decentric interpretation of the said decentric interpretati	Autopsy , Inspection , eased died on the dry stated undetermined . ADDRESS	Inquity thereon as	DATE SIGNED
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. C. A. P. C.	24 FUNERAL DIRECTOR	Deallsville	e,/1d

BUREAU V. S.

The correct age

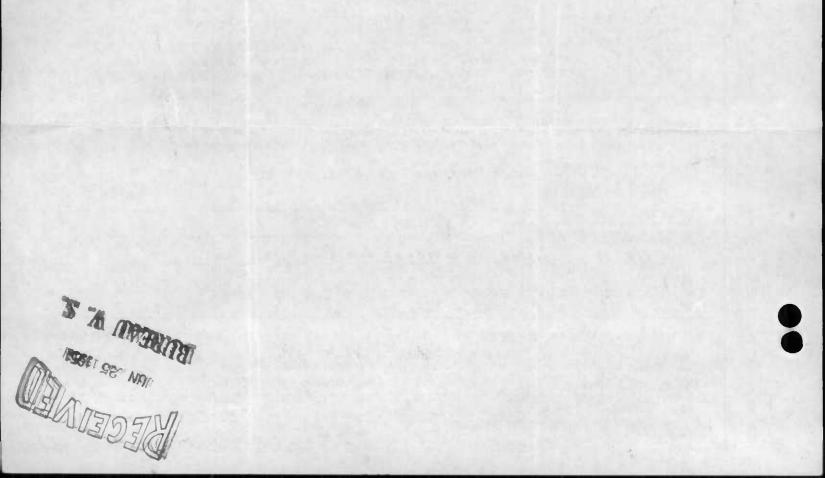
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06119 /4 Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTSOMERY MARYLA	ND STATE Md. COUNTY MONTE.
CITY (If outside corporate limits, write RURAL and   LENGTH	F STAY CITY (If outside corporate limits, write RURAL and give nearest tower
OR givo nearest town) Ash for (in this	place) OR TOWN AS 6 100
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Elosse HcOone	d Huntley DEATH June 20 1951
6. COLOR OR RACE 7. SINGLE MARR WIDOWED, DIV(Speelfy)	ED-   8. DATE OF BIRTH   9. AGE last birthday   If under t year   If under 24 hrs.   RCED,   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W McDonold	Helen Scott
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	2) No. 17. INFORMANT AND ADDRESS ashton, Ind.
	DICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	INTERVAL BETWEEN
	CHOMI AND DEATH
Immediate cause (a) Cancino	ma of signoid with PMonths
a description of the second of	
Sax Antecedent cause(s) Diseases or conditions, if any. (b) Hetastosis	to SMOIL bowel and
giving rise to the above cause	
16 e stating the underlying cause last	
(c) Addomin	I well
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION
5/18/51 Listed IN coose	7 100
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bldg., etc.) INJURY	ry, street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not W	
INJURY m. Work At w	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
elism on 10 and that doubt come	red at 3:45 Pm., from the causes and on the date stated above.
SIGNATURE (Degree or ti	le) ADDRESS DATE SIGNED
10 = 1 Mer O	The state of the s
A. D. Domijaux M. D.	
23. EURIAL CREMATION DATE THEREOF TAME OF REMOVAL (Specify)	CEMETERY OR CREMATORY LOCATION 10ty, town, or codinty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR O ADDRESS
	ADDRESS
REG. 6/2 2/51 Trances Ost	
REG. 6/22/51 Trances Ost	



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### MARYLAND STATE DEPARTMENT OF HEALTH

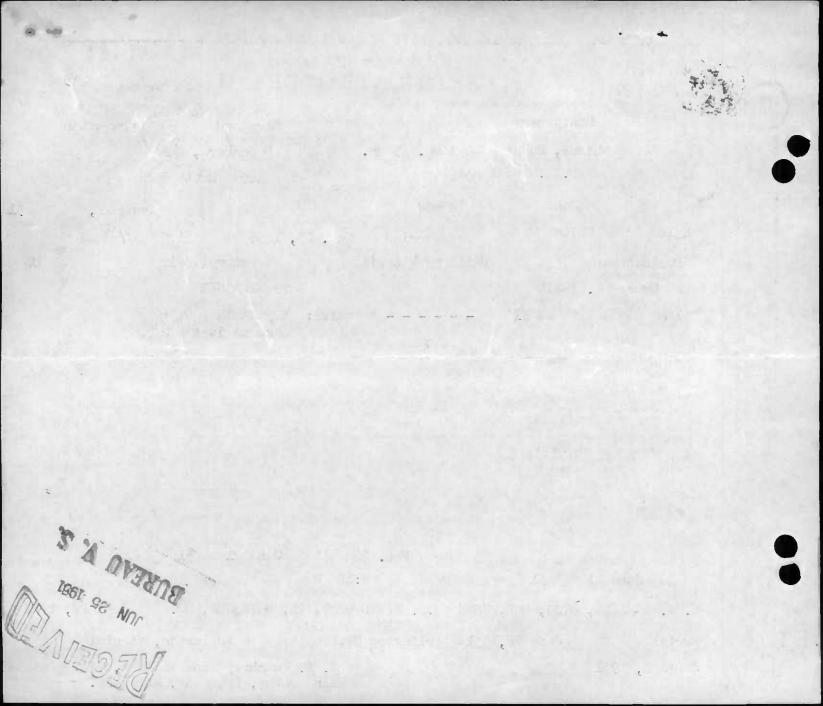
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06111

Reg. Dist. No. 215

./.					
1. PLACE OF DEATH COUNTY	Montgomery		2. USUAL RESIDENCE (		TY .
CYMY (74 - 11-		MARYLAND	Maryl	and Wash.	Ington
OR give near TOWN	Chesda, Rural	AL and LENGTH OF STAY  3 Mo. this 25 da.		sboro, Rural	give nearest town)
HOSPITAL OR INSTITUTION OF		l Hospital	STREET	(If rural, give location)	/
STREET ADDRES	S U. D. Nava	-	ADDRESS Rur	al Route # 2	/
3. NAME OF DECEASED	(First)	(Middle)	IRWIN	4. DATE (Month)	(Day) (Year)
(Type or Print)	John A COLOR DAGE	Thomas		DEATH June	
Male Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH Oct. 23. 1899	9. AGE last hirthday If under Month 07	or 1 year   If under 24 hrs.
done during most of w	ATION (Give kind of work orking life, even if retired)	100. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
	orking life, even if retired)	Building Materia	L Per	nnsylvania	COUNTRYT
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	Sara WIL		
(Yes. YES unknown)	(If yes, give was or letes of service)	of an an an an an	Wife: May IR		
		18. MEDICAL CE	RTIFICATION Same as	s item # 2	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
* 11.4	(5)	Bunchozen	ie Caren	-000	840000
Immediate	cause (1)	Sworchozen			2-J-2022
Anteceden		ation atm	o pace		
giving rise to	onditions, if any, (b) the above cause		***************************************	** ************************************	
H/C stating the un	nderlying cause last				
JI. OTHER SIGNIFIC	(e) CANT CONDITIONS				1
	ting to the death but not e or condition causing deat	h.			
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAOF	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	TOWN) (COUNT	Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
22. I hereby certi	fy that I attended the	e deceased from Feb. 20	6, 1951, to June	21 , 19 51 , that I last	saw the deceased
June	21 (5)	d about doubt assured as 9	10 P ( 4)-		4-4-2-3
SIGNATURE	, 130-m, an	d that death occurred at9.	ADDRESS	causes and on the date	DATE SIGNED
		USNR U.S. NAVAL			ne 22, 1951
23. BURIAL, CREMA BURIAL (Special	June 26			Arlington, Virg	
DATE REC'D BY I	OCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
June 22, 19		1 July of		ey Funeral Home,	
	- Maria	willinger		Bethesda, Maryla	



correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

06112

Reg. Dist. No. 215

1. PLACE OF DEATH			2. USUAL RESIDENCE (		TINIMY
	Montgomery	MARYLAND	New 1	lork Cork	broome
CITY (If outside e	orporate limits, write RUR	AL and LENGTH OF STAY	II OP	rate limits, write RURAL	and give nearest town)
TOWN E	ethesda, Rural	(in This place)	TOWN Joh	nson City	
HOSPITAL OR			STREET	(If rural, give locat	lon)
INSTITUTION OF STREET ADDRE	ss U. S. Nava	l Hospital	ADDRESS 1 Do	owns Avenue	1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month	1) (Day) (Year)
(Type or Print)	Stephen	John	JACOBS	OF June	25, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH	9. AGE last birthday   If	under 1 year  If under 24 hr
Male	White	WIDOWED SPIVORCED, (Specify) Single	Dec. 8, 1911	39 yrs. M	under I year If under 24 hr. Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	1 12. CITIZEN OF WHAT
done during most of v	vorking life, even if retired)  ficer  IE	Typusts. Navy	Penr	nsylvania	COUNTRY? US
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
George	JACOBS		Elizabeth	JURUS	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	17   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, narrunknown)	(If yes, give war, or dates (service) NW II	01	U. S. Naval F	Records	
	3	18. MEDICAL CE	RTIFICATION		
T DISPLEES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
I. DISERSES OR OC			2- 0		
Immediat	o causo (a)	Leu Remea,	Muelogens	ues scute	4 mons.
Diseases or giving rise to	nt cause(s) conditions, if any, o the above cause inderlying cause last (c)				
Conditions contributed to the disease	CANT CONDITIONS uting to the death but not use or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 💆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	rown) (COU	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY OC	CCUR?	
	ify that I attended th	e deceased from Nov 10	, 19.50, to June	25., 19.51., that I	ast saw the deceased
alive on Jur	ie 25 1951, an	d that death occurred at	8:45 A m., from the	causes and on the da	ate stated above.  DATE SIGNED
S. R. MILLS	, Jr., LTJG, M	IC, USN U.S. NAVI	AL HOSPITAL, BE	THESDA, MD.	June 26, 1951
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	NAME OF CEMETE 1951 Bednarsky Fr	RY OR CREMATORY	Binghamton, No.	county) (State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
June 26, 19	151 Flores	Istitlem To	Wastler Funer	ral Home, 301	East Capitol
			Street Wash		

BULLIN V. S.

1961 LA NIII

DECENED

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06113

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomerce MARYLAND	STATE	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) (in this place)	II OR / · I • / / A	o noment town,
TOWN Dethesda 4/hrs. 30mi	STREET (II rife), give location)	
HOSPITAL OR INSTITUTION OR	ADDRESS 201	. 1 ./
STREET ADDRESS Juburban Hospital	ADDRESS 3861 Porter St. n. 4	U.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECRASED	OF OF	
(Type or Print) Virginia	Yohns DEATH Yune	18 193
6. COLOR OR RACE 7. SINGLE, MARKED, WIDOWED, DIVERSED,	8. DATE OF BIRTH 9. AGE last hirthday II under I Months	
(Specify)	1-9-1859 92 yrs. Months	Days   Hours   Min.
10. DSUAL OCCUPATION (Givo kind of work   100. KIND BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
days during most of working life, even if retired) [Didustry]	D. Seama	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
IS. PATILER'S MALE	14. MOTHER'S BIRIDEN NAME	
James Collifica	Just anower	
15 YAS DECRASED EVER IN U.S. ARMP FORCES?   16. SOCIAL SECURITY NO.	IT. INFORMANT AND ADDRESS	a al.
(Yan or unknown) (If yes, give was or dates of service)	Jucilla M. hickola - Lang as u	The Zi
18. MEDICAL CE	PTIEICATION	
18. MEDICAL CE	KIIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
007000000000000000000000000000000000000	y' hadi was it a sia	1/0
Immediate cause (a) ARICKIO JELER	otic CARdioVASCULAR Disease	YEARS
1/90 /		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	***************************************	- V VI VIV
ntating the underlying cause last		
100		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not	THE RESERVE OF THE PARTY OF THE	
territed to the disease of condition crashing density		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No P
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW BID INSULT OCCUR.	
INJURY m.   Work  At work		
	1 10 11	
22. I hereby certify that I attended the deceased from Valy	, 19, to	w the deceased
1	N1 10 0	
alive on Vune 18 , 1951 and that death occurred at	A from the causes and on the date sta	ited above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
0.11H9 11 - 200 -	1 2.4.1	1. 1
SUMMU C. DU factly, M.D. 7	325 ABERDEEN Rd. BeThesda, 14, N	
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or counc	y) / (State)
REMOVAL Specify)		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	
REG. 1 1:01-1 13 - (h	A STATE OF IT AND	ADDRESS
6/19/5/ Dessue 1/2- thompson	Hours a. Jumphrey, Bethe	ull ma
	/ / / /	3

BUREAU V. S.

NA 22 1951

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06114

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
Mor	rtgomery	MARYLAND	Maryland Mo	ntgomery
OR give nearest to TOWN OINE	rporate limits, write RURA	L and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv OR ROCKVILLE	e nearest town)
HOSPITAL OR	Montgomery		STREET (If rural, give location) ADDRESS RFD #4	U
3. NAME OF	(First)	(Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print)	IVY	MAYBELLE	JOHNSON DEATH June	20 15]
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) May 1 1 Ed	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year II under 24 hrs. Day Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0011
	John T. R	icketts	Bessie May Selby	
	RR IN U.S. ARMED FORCES?		17. INFORMANT AND ADDRESS	
(1es, no, or unknown)	(If year, give war or dates of aervice)	None	Edward Johnson-RFD #4Rocky	ille, Md.
I. DISEASES OR COM	NDITIONS DIRECTLY			INTERVAL BETWEEN ONSET AND DEATH
Immediate	cause (a)(	EREBRAL	HEMMORHAGE	3 DAYS
giving rise to stating the un  II. OTHER SIGNIFIC Conditions contribut	onditions, if any, the above cause derlying cause last  CANT CONDITIONS ling to the death but not	HPERTENSIVE A	HEART FAILURE	Fire Years 12 Years
	or condition causing death	INDINGS OF OPERATION		20. AUTOPSY?
132. DATE OF OTER	LATION 150. MAISON I			
21. ACCIDENT	(Specify)   PLAC	E (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.) RY		(SIAIE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Throng, 1949, to Throng 20, 1956, that I last saw the deceased alive on June 20, 1956, and that death occurred at 166 from the causes and on the date stated above.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  ADDRESS  DATE SIGNED  ADDRESS  DATE SIGNED  ADDRESS  DATE SIGNED				
DATE REG & -21	(y) 6/22/51	Forest Oal	RY OR CREMATORY LOCATION (City, town, or count C Cemetery Gaithersburg 24. FUNERAL DIRECTOR)  Bethe	Md.
			,	

S'A NATURA DE SE NOS ANED TO , (g. )

Items 13,14 FilmG133 6/3/51 w.w. MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY MARYLAND of information carefully. death clearly and legibly. LENGTH OF STAY CITY (If ontside corporate limits, write RURAL and give nearest town) OR giv hearest town 2 (in this place) TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 4. DATE 3. NAME OF (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | If under 1 year Months | Days Hours | Min. JEMALE WILLER
10n. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT LINDUSTRY done during most of working life, even if retired) COUNTRY? Supply every item write the causes of 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Marga 15. Was Decrased Ever In U.S. Abmed Forces? (Yes, no, or unknown) (If yes, give war or dates of 16. SOCIAL SECURITY NO. AND ADDRESS service) I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. Immediate cause Antecedent cause(s) UNFADING t. Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT SUICIDE

HOMICIDE INJURY (Year) (Hour) INJURY OCCURRED TIME (Month) While at Not While Work

INJURY At work 22. I hereby certify that I attended the deceased from To men

June , 195 , and that death occurred at ....

23. BURIAL, CREMATION DATE THEREOF

DATE REC'D BY LOCAL

NAME OF CEMETERY

(Degree or title)

(CITY OR TOWN)

HOW DID INJURY OCCUR?

LOCATION (City, town, or county)

30Am., from the causes and on the date stated above.

1957, to // June, 19.5., that I last saw the deceased

ADDRESS

20. AUTOPSY?

(STATE)

DATE SIGNED

(COUNTY)

No III

INGtoN

PLAINLY, WITH is especially importan WRITE

PLEASE

BUREAU V. S. BUREAU V. S.

- 4 -

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS. A15A

The correct ag

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

06116

/	FOR MEDICAL			Ist. No. 218
CITY (If dutale compare limits, write RURAL of TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND  And LENGTH OF STAY  (in thia place)	2. USUAL RESIDENCE (HE CITY (II hund) corpara OR TOWN STREET ADDRESS	I I line	and rive nearest town)
10a. USUAL OCCUPATION (Give kind of work) 10	(Middle) SINGLE, MARRIED, VIDOWED DIVORCED, (Specify) MARRIED, b. KIND OF BUSINESS OR NDUSTRY	8. DATE OF BIRTH  8. DATE OF BIRTH  11. BIRTHPLACE (State of U.A	18 (rs. )	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.  18. MEDICAL CE	17. INFORMANT AND A	DDRESS)	1
Immediate cause  Immediate cause  (a)  Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		occlusion		INTERVAL BETWEE ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
PRIMARY OR CONTRIBUTING OF OR CAUSE OF DEATH. INJURY  TIME (Month) (Day) (Year) (Hour) IN	JURY OCCURRED	(CITY OR T		Yes No
OF INJURY m. Wi w  22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or In from: natural causes , accident , s  SIGNATURE	described above, held an A quiry, find that said decessicide , homicide , (Degree or title)  NAME OF CEMETE	autopsy , Inspection of osed died on the dry stated undetermined ADDRESS	Inquiry thereon above, and death is	DATE SIGNED
			Rockni	le. ond



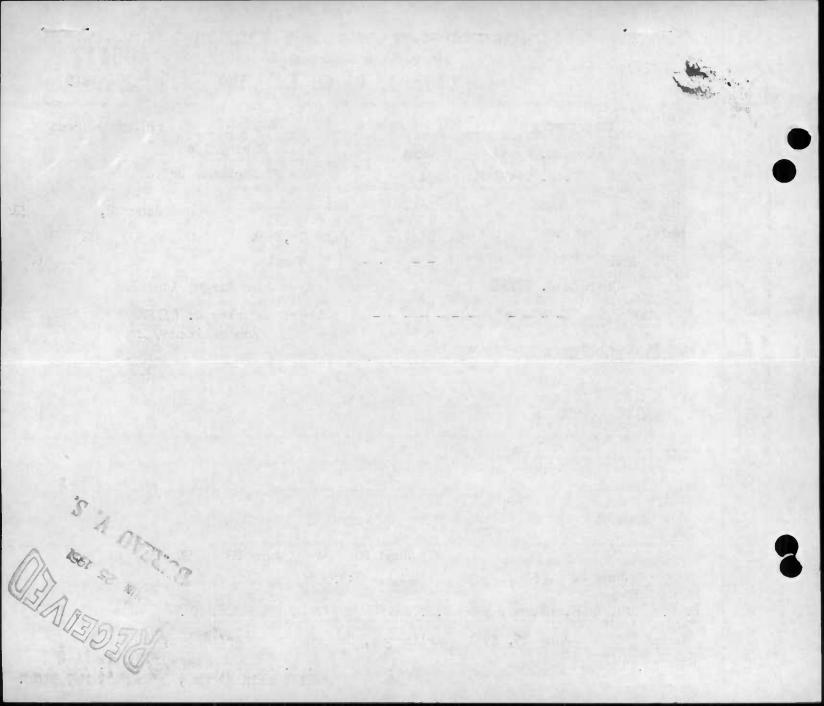
# CERTIFICATE OF DEATH

1. PLACE OF DEATE	·		2. USUAL RESIDENCE (HOME	OF DECEASED.	
COUNTY	Montgomery	MARYLAND	STATE Maryland	Prince (	reorges
CITY (If outside a	enerate limite write RIIR	L and I LENGTH OF STAV	CITY (If outside corporate lim		
OR givo nearest	Bethesda, Rura	2 (Indays place)	TOWN Morings:		
HOSPITAL OR	bechesua, nura	2 days	STREET	(If rural, give location)	
INSTITUTION OF	U. S. Nava	Hospital	ADDRESS 23 Marian	ne Drive	/
STREET ADDRES			-		
3. NAME OF DECEASED	(First)	(Middle)	KIKER Twin 1 4. I	DATE (Month)	(Day) (Year)
(Type or Print)	James	Russell	1	DEATH June 22	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AG	E last birthday   If under	I year III under 24 hrs
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	June 20.1951	OO VIII. OO The	O2 Hours Min.
10s. USUAL OCCUPA	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign		2. CITIZEN OF WHAT
done during most of	orking life, evon if retired)	INDUSTRY	Maryland		COUNTRY! US
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAM	16.	
	harles J. KIKE	R		guerite WISE	
			•		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDI		
NO	service)		Father: Charles	J. KIKER	
		18. MEDICAL CE	RTIFICATION Same as	item # 2	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	,		ONGET AND DEATH
		/			011001
Immediate	e cause (a)	Fremalu	rely.		
20/11		0 -1	- 7-		
/ /6X Anteceder	t cause(s) conditions, if any, (b)	Fremolie	eile.		
giving rise to	conditions, if any, (b)		· · · · · · · · · · · · · · · · · · ·		- , PR 80 00 00 00 00 00 00 00 00 00 00 00 00
159 stating the u	nderlying cause last		1		1
	(c)				
11. OTHER SIGNIFI	CANT CONDITIONS				
	se or condition causing deat	h			
19a. DATE OF OPE	RATION 19h. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes K No 🗆
21. ACCIDENT	(Specify)   PLAC	CE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY	
SUICIDE	OF	office bldg., etc.)		***************************************	, , , , , , , , , , , , , , , , , , , ,
HOMICIDE	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF	(Day) (Year) (Hour)	While at Not While	NOW DID INSCRI GOODIE!		
INJURY	m, I	Work At work	1		
00 Tl 1	Co that Tattanded the	despend from June 20	0, 1951, to June 22,	10 51 About 7 hours	ALL ALL A
				* , / b.	
alive opJu	ine 22 19 51 and	d that death occurred at	7:35 A.m., from the cause	s and on the date et	etad shove
SIGNATURE	in f	(Degree or title)	ADDRESS	2 min 02 010 mayo 5	DATE SIGNED
/	M. Sederal	ton II a MINIT	ACCOUNTY TO THE COLUMN	100 17	00 300
		USN U.S. NAVAL	HOSPITAL, BETHESDA,	ru. June	22, 1951
23. BURIAL, CREM			RY OR CREMATORY   LOCAT		
BEMOVAL (Spec	June 25,	1951 Arlington,	National   Arli	ngton, Virgin	ia
DATE REC'D BY		SIGNATURE //-	24. FUNERAL DIRECTOR		ADDRESS
June 22, 19	151 Plan	Intelli-	R. A. Pumphrey	Funeral Home	, 7557
	Ralla	- Comment of the	Wisconsin Ave	mie. Belbesda	Maryland.
2.11.201	203312		WADOUIDAN AVO		,
				The same of	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legibles. MARGIN RESERVED FOR BINDING

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VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible

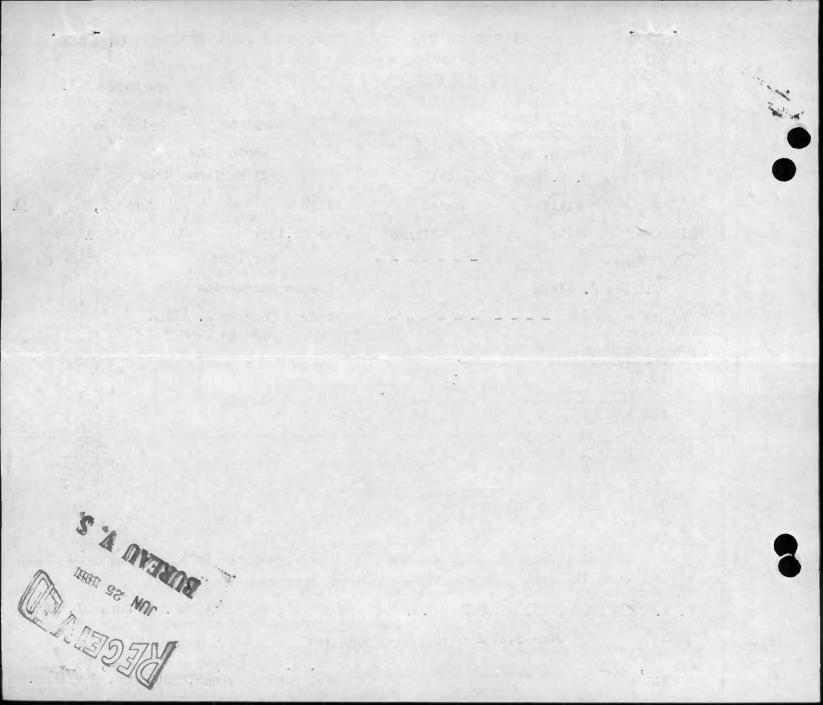
MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLACE OF DEATH	4.		2. USUAL RESIDENCE (	HOME) OF DECEASE	ED·
COUNTY	ntgomery	MARYLAND	STATE Maryla	nd Pri	county ince Georges
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURA	AL and give nearest town)
TOWN give nearest	Bethesda, Rura	1 (in this place)	TOWN Mori	ngside	
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give le	ocation)
STREET ADDRES	SS U. S. Navar			arianne Driv	re /
3. NAME OF DECEASED (Type or Print)	(First) William	(Middie) Daniel	KIKER Town #1	OF DEATH JU	onth) (Day) (Year) ine 21, 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Single	June 20,1951	00 ym.	If under I year   If under 24 hrs   Mours   Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryl	or foreign country)	12. CITIZEN OF WHAT COUNTRY! US
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
Charle	s J. KIKER		Joan Margu	erite WISE	
15. WAS DECRASED EX	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, givs war or dates service)	of		es J. KIKER	
		18. MEDICAL CE		as item # 2	
I DISPASES OF CO	NDITIONS DIRECTLY		Same	as room # ~	INTERVAL BETWEEN
I. DISEASES ON CO			<del></del>		ONERT AND DEATH
Immediate	e cause (a)	Immalweily			
			7		
giving rise to	conditions, if any, (b)	Fremalusis	7	**************************************	**************************************
159 stating the u	nderlying cause last		1		
	CANT CONDITIONS sting to the death but not see or condition causing deat	th.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes X No 🗆
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 1	rown) (C	COUNTY) (STATE)
HOMICIDE (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CHR?	
OF INJURY	m.	While at Not While Work At work	NOW DID INCOLL OF		
00 71 1	C- 43 -4 T -44 - 3 -3 41	e deceased from June 20	10.57 . June 2	1 1057	7.1
alive on Ju	ne 21 1951 , an	d that death occurred at	ADDRESS from the	causes and on the	date stated above.  DATE SIGNED
	RSTROM, LT, MC		HOSPITAL, BETH		June 21, 1951
23. BURIAL, CREM. REMOVAL (Spec Burial	June 25,1	951 Arbington N	RY OR CREMATORY I	Arlington.	
June 21, 19	LOCAL   REGISTRAR'S	SIGNATURE .	24. FUNERAL DIRECTO	rey Funeral	ADDRESS
omb vr 17	- Kall	Mikelengton			sda, Maryland.
206201	1202 311		MT9COH9TH N	Tollue, De olk	July sand James



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06119

Reg. Dist. No.

1. PLACE OF DEATH.	2. USIVAL RESIDENCE (HOME) OF DECEASED.	Property and the second
COUNTY Montgomery MARYLAND	STATE District of Columbia	T.Gon.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR DEVICE DEVICE STAY LENGTH OF STAY OR TOWN	CITY (If outside corporate limits, write RURAL and give near OR Washington	rest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET (If rural, give location) ADDRESS 4910 Deal Drive, S. E.	V
3. NAME OF (First) (Middle) DECEASED (Type or Print) Jimmie Lorraine	(Last) 4. DATE (Month) (Day KLEPPER OF June 11,	y) (Year) 1951
Female   6. COLOR OR RACE   7. SINGLE, MARRIED, DIVORCED, (Specify) Married	S. DATE OF BIRTH  9. AGE last birthday   If under I year	Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY INDUSTRY	Texas	IZEN OF WHAT
Jim GLENNDING	14. MOTHER'S MAIDEN NAME Evelyn WINN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of learning)    Service	Husband: Homer C. KLEPPER	
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		BY AND DEATH
Immediate cause (a) splone phret	tis, Chronic o	25 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) systrophy of the	istula, acquired, for congenital	sps.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20.   Ye	AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 31	, 19 51, to June 11 , 19 51, that I last saw the	ne deceased
alive nJune 11, 19.51, and that death occurred at  SINATURE (Degree or title)  A. J. McCARTHY, JT, MC, USN U.S. NAVAL HO	ADDRESS DA	TE SIGNED
	RY OR CREMATORY   LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		DRESS
June 11,1951 Block Whitematon	Chevy Chase Funeral Home, 5101 W	
	Avenue, NW, Washington, D.C.	

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REMOVAL (Specify)

hunglo

(Day)

COUNTRYT

12. CITIZEN OF WRAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

(STATE)

DATE SIGNED

6-23-51

ADDRESS

(State)

(Year)

1977

RECEIVED 1 1951

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF D	EAT	H	Reg. Dist.	No2	15
1. PLACE OF DEAT	H·		2. USUAL RES	IDENCE (F	HOME) OF DE			
COUNTY	ontgomery	MARYLAND	STATE	Maryla	nd	Mon	tgomer	U"
CITY (If outside o	ornorate limits, write RUR	AL and   LENGTH OF STAY		taide corpora	te limits, write	RURAL and	give neares	town)
TOWN	ethesda, Rural	1 mo 25 da	TOWN	Che	vy Chase			
HOSPITAL OR INSTITUTION O STREET ADDRE	R II S Mor	al Hospital	STREET	4712	Cortlan	give location d Road	)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)		4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	Alice	Graham	LAKE		DEATH	June 4	,	195
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	S. DATE OF B.	1893	9. AGE last bir	VIE. Ognt	bs Pays	f under 24 h
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLA	CE (State o	r foreign country	7)	12 Crever	A ON YELL
Hous	working life, even if retired)	INDUSTRI	Scotl	and			COUNTRY	US(N)
13. FATHER'S NAM	1E		14. MOTHER'S	MAIDEN	NAME			
	am GRAHAM		Margar	ret COI	VILLE			
(Yes, no, or Onknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMAN Brother-i			ICKS.		
		18. MEDICAL CE	RTIFICATION	Same a	s item #	2		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH						AND DEAT
Immediat	e cause (a)	Carcinoma	OF RI	G W T	BREA	5.T	2	gre/
170 X Antecede	nt cause(s) conditions, if any, (b)	WITH	SENER	417	7 D			
giving rise t	o the above cause							
50 stating the	underlying cause last (c)	META	STASES	5				
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat							
		FINDINGS OF OPERATION					1 20. Al	UTOPSY?
10/50		CARCINOMA OF	BREAST	EA	KILLARY	ME TAST	992 Yes	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.)		CITY OR T		(COUNT		TATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID IN	JURY OC	CUR?			
INJURY	m,	Work At work	1					
		e deceased from Apr. 9						
		d that death occurred at (Degree or title)	3:00 A m.,	from the	causes and o	n the date	stated ab	ove. E SIGNED
P. TRAUTMAN	, LTJG, MCR, US	OF NAME OF CEMETE	OSPITAL, E	BETHESI	A, MD,	June	4, 19	51
_ REMOVAL (Spe	June 4.		4		San Dieg			(State)
RemovaL DATE REC'D BY		SIGNATURE	24. FUNERAL	DIRECTO	R	Ug Uall		RESS
June 4. 195	17011	Whettenata	R. A.	Pumphr	rey Funer	al Home		
					renue, Be			

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

S V CALLE S NILL B 1951 V S.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legibli

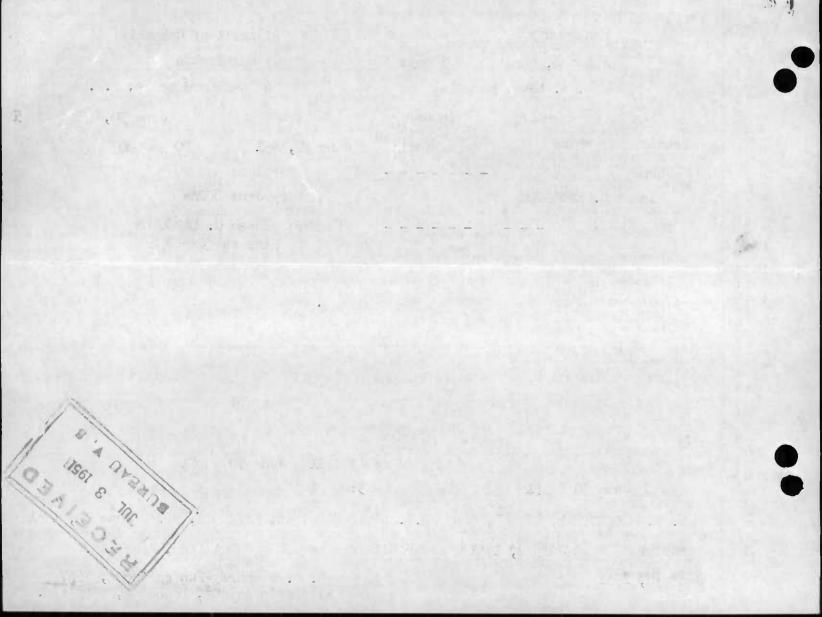
VS. A15 PLEASE

MARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATI	H•		2. USUAL RESIDENCE (H	HOME) OF DECEASED.	
/	Montgomery	MARYLAND	STATE Distri	ct of Columbia	
	orporate limits, write RUR		CITY (II outside corpora	ite limits, write RURAL and giv	e nearest town)
TOWN	Bethesda, Rural	L 3 days pince)	TOWN Was	shington	
HOSPITAL OR INSTITUTION OF	3 11 0 11-1-7	11	STREET ADDRESS 4 C+	(If rural, give location)	T I/
STREET ADDRES	SS U. S. Naval		0 20	arboard Green, S.V	N.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Rosemary	(none)	LANGSTON	DEATH June 30,	19 51
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday   If under   Months	Days   Hours   Min
Female		WIDOWED, DIVORCED, (Specify) Single	June 27,1951		Days Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. Kind of Business on Industry	Maryland	1	COUNTRY? US
Is. FATHER'S NAM	C. LANGSTON		Mary Jane	NAME DODRA	
15. WAS DECRASED EN	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no or unknown)	(If yes, give war or dates	01	Father: Isaa	c C. LANGSTON	
		18. MEDICAL CE	RTIFICATION Same	as item # 2	1
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	Dome	2021 //	INTERVAL BETWEEN ONSET AND DEATH
		7	1.1		
Immediate	e cause (a)	- Lonn	alundy		* 000 PB 00 00 PB 0011 11000 qupages
776 X Anteceder	nt cause(s)	Imm Prema	7.4		
Diseases or o	conditions, if any, (b)	Trema	lundy		
	nderlying cause last				
101	(c)				1
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes X No []
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUNTY)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby certi	ify that I attended th	e deceased from June 2	27, 19 51, to June 3	0 1951, that I last sa	aw the deceased
n Jin	ne 30 1051	d that death occurred at	5:00 A		
SIGNATURE	, an	Degree or title)	ADDRESS	causes and on the date sta	DATE SIGNED
T M ODE	TO CONTON OF THE STATE OF THE S	C, USN U.S. NAVA	T WOODTWAT DET	UFCDA MD Tuno	
L. W. SMD					30, 1951
23. BURIAL CREM. REMOVAL (Spec	July 2,	1951   Cedar Hill	Cemetery	OCATION (City, town, or count Suitland, Marylan	y) (State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURED .	24. FUNERAL DIRECTO		ADDRESS
June 30, 19	51 Elink	whilenglow	R. A. Pumph	rey Funeral Home,	7557
	A		Wisconsin Av	enue, Bethesda, M	aryland.
CX 0 G Z	1/32228				And the second of the second o



Wash D. C .-

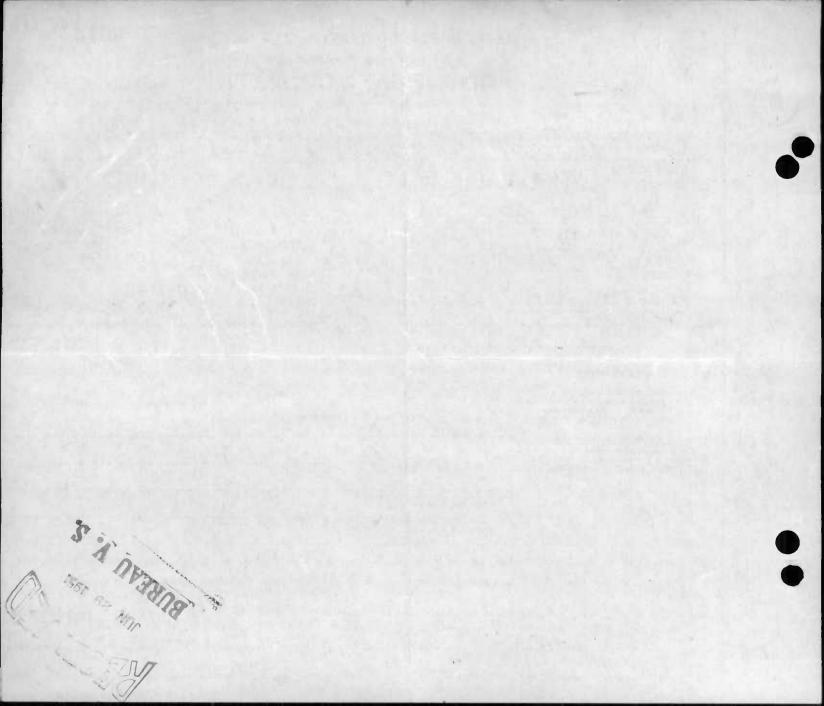
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1	CERTIFICAT	TE OF DEATH Reg. Dist. No.	<b>).</b>
	I. PLACE OF DEATH- COUNTY MONTGOMERY  CITY (If outside corporate limits, write RURAL and OR give nearest town ROCK VILLE N(in this place) S  HOSPITAL OR INSTITUTION OR CHESTNUT LOGE	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE WASHINGTON D. COUNTY CITY (If outside corporate limits, write RURAL and give or town WASHINGTON D.C. STREET ADDRESS 500 W. MONTGOMERY	AUE.
	3. NAME OF DECEASED (First) (Middle)  6. SEX 6. COLOR OR RACE (Specify) (MBA)  10a. USUAL OCCUPATION (Give kind of work done during post of working life, evon if retired)  10b. Kind of Business or Industry	ISAUANNAH, GEORGIA D	(Day) (Year) 27 195 1 year   H under 24 hr Days   Hours   Min
	13. FATHER'S NAME  RICHARD  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of leervice)  18. MEDICAL CE	14. MOTHER'S MAIDEN NAME CAROLINE KIMBALL 17. INFORMANT AND ADDRESS 3244 Nable Cotton Thomast. WASH. D. ERTIFICATION	gska Ave NW
	11 OTHER SIGNIFICANT CONDITIONS	Partin Partin	INTERVAL BETWEE ONSET AND DEAT
	related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	elletus; hyperteum	20. AUTOPSY?
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  PLACE (Home, farm, factory, street, OFF office bldg., etc.) INJURY  While at Not While office bldg., etc.) INJURY OCCURRED While at Not While OFF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	(STATE)
	alive on J. N.E. 27, 19.51, and that death occurred at l. SIGNATURE.  C. C	SOUW MENIGOREN AND COLVE, town, or count	ated above. DATE SIGNED  June 27, 193  (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06123

Reg. Dist. No. 2/6

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (	(HOME) OF DEC	EASED. COUNT	Y	
	corporate limits, write RUR.	MARYLAND AL and   LENGTH OF STAY	CITY (II outside corpo	ento limite multi- I	DITTO AT and a		
OR give nearest TOWN	t town)	da (in this place)	II OR	ton	CUICAL and gr	ve nearest to	wn)
HOSPITAL OR	D	. /	STREET	(If ru al s	ive lo ation)		
INSTITUTION O STREET ADDRE	ess Juburba	in Hospital	ADDRESS 1918	Benson	Driv	e	V
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Trary	100/16	Dehman	DEATH	fune	12	195/
s. sex	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birt	day If under Months		nder 24 hrs urs   Min.
done during most of v	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		2. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAM			1 14. MOTHER'S MAIDER				4.0.
	George 12	eard	Susann	a Stou	1.+		
	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT,	- 0,00			
(res, no, or unknown)	(Il yes, give war or dates of service)	or _	mary Back	hman			
		18. MEDICAL CE	RTIFICATION			1.	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH					BETWEEN ND DEATH
		1 0	1 1	1111			
Immediat	le cause (a),	primoney en	telismo (1	est)	*** *** ****	sud	den.
Diseases or	nt cause(s) conditions, if any. to the above cause	Remy wire	elfusion )	Right	1.020- r 10000000000000000000000000000000000	1.10	zeh.
	under ying cause last	Fracture 1 3-4-5	Trib RA			200	lango
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	h.					1
		FINDINGS OF OPERATION				20. AUT	OPSY?
						Yes D	No 🗆
21. EXTERNAL CA	USE WAS ONTRIBUTING PLA	CE (Home, farm, factory, street, office dg., etc.)	(CITY OR	TOWN)	(COUNTY	) (ST/	ATE)
PRIMARY OR CO		JRY preferred	near Jarole	where	Mont	1	no
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRY.D While at Not while	HOW DID INJURY OF	CCUR?	/		
	22.5%-5.45m.	werk at work	anto de	cachent			
22. I certify that	I took charge of the rema	ins described above, held an A	Autopsy X. Inspection	Inquiry	thereon and	from the	vidence
obtained by san	id Autopsy, Inspection of	r Inquiry, find that said dece	ased died on the day stut	ed above, and a	leath in my	opinion 1	resulted
	l causes ], accident	(Degree or title)	undetermined [].			DATE	SIGNED
SIGNATURE	-00	(Degree of title)	ADDIVESS.			DATE	DIGINED
The	Ah / Jum	chart M. D.	Jaithute	my my		6-12	.51
23. BURIAL, CREM				LOCATION (City			(State)
	Hisit 6-12-5	1 John Morris	Funeral Hom		Montg	.Co. (	Ohio
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECT	9R) al	Pa	ADDRE	SS
6/12	151 Bessee, 1	M. Hompson.	Karler Kallant	umbhr	CALLED	ппеад 8	1, Ma.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06124

eg. Dist. No. 214

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEASED	•
COUNTY Montgomery	MARYLAND	STATE Marylan	nd Mo	ntgomery
CITY (If outside corporate limits, write RUR, OR give nearest town) TOWN Silver Spring	AL and LENGTH OF STAY (in this piace)	CITY (If outside corpora OR TOWN Silver	te limite, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1305 Ballard	i St.	STREET ADDRESS 1305 1	(If rural, give local Ballard St.	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print) Daryl	Dee	Leslie	DEATH Ju	ne 14 19 51
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,			f under 1 year   If under 24 hrs.
Female White	(Specify)	Aug. 16, 1949		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Frank G. Leslie		Darrell Hobaus	gh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (If yes, give war or dates of		17. INFORMANT AND		
(1 as, no, of unknown) (11 yea, give war or dates (	"	Dr. Frank G. Le		
	18. MEDICAL CE	RTIFICATION	Silver	Spring Md Berween
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		- 11	ONSET AND DEATH
	O. Wells.	Candia.	truling	
Immediate cause (a)(	injuryua-	y gray	any	<u></u>
200.2 Antecedent cause(s)	Dilaux of Ch	The The	12-in 1/110	111. =
Diseases or conditions, if any, (b)	sewal of	uun, / vy	me pype	Wall of the Town
giving rise to the above cause stating the underlying cause last	+		01	1 3
(e)	Leuco - R	orcoma.		, ,
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	Louce h.			
198. DATE OF OPERATION   19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No 🗆
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY Miles (Month) (Day) (Year) (Hour) OF INJURY (Market Month) (Market M	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR!	
22. I hereby certify that I attended the	e deceased from My 25	-, 1951, to Jane	14, 19.5/that I	last saw the deceased
alive on MANA 14, 19.5, an SIGNATURE	d that death occurred at (Degree or title)	7:10 A.m., from the	causes and on the	date stated above.  MA DATE SEGNED
Kallet U. Bier.	mil. 82.	24- George	a and the	ng m/13 gm 51
23. BURIAL CREMATION DATE THERE (Frans. & Burial 6/16/51		B	utler County	Pa.
DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REGO/18/51 Trance	stoller	Warren 6. Tumphrey	8434 Georgia	Ave.
			Silver Spring	

BUREAU V. S.

1961 IZ NA

BECEINED

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MONTGOINERY MARYLAND	STATE Maryland COUNTY TENTRERY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR Cala Sal- Alda
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS ~ To
STREET ADDRESS Dubukban 1 Jospital	ADDRESS 7011 Mac F) Cyhure Blod.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Annie Teresa	Fluis DEATH Quine 30 1957
5 SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs
WIDOWED, DIVORCED,	Jan. 30 1882 69 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	11/BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	1.14. MOTHER'S MAIDEN NAME 7
IS. FAILLERS WANTE	W. MOTHER'S MAIDEN NAME
/	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Hoseph Lewrs 1035 Welhauken Kd. Wast. 16 P.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATE
A PERSON ON CONDITIONS DIVIDITIES EMBORNE TO DEATH	ONESST AND DEATH
Immediate cause (a) Longes two	Heart tallers 15 hours
Immediate cause	
33 2 X Antecedent cause(s)	156.
Diseases or conditions, if any, (b)	was one of the same of the sam
866 stating the underlying cause last	Co.
(c) Arter in clar	osis acueral send who o 10 years
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	! (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OTT OR TOWN) (COUNTY) (STRIE)
HOMICIDE INJURY	I WOW DYD YMYYDY OGGUDS
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work At work	
The state of the s	20 40 51 4 30 40 51 40 51 50
22. I hereby certify that I attended the deceased from	, 19.7.4., to MUNK
alive on NUNE 3 0., 19.5.1., and that death occurred at 5	5.50 Pm from the causes and on the data atotal above
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	N.O 1 B. 1 20 1451
1(8hut 7). (wale Mis). 106	Deller leve Batter da limite de 1991
23. BURIAL, CREMATION   DATI THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
Burrenoval (Specify) July 3,1951 Western	Baltimore Maryland
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR / ADDRESS
REG. 712 151 Bessie As From book	Roller to a Kingh & Bethesda, Md.
Jal Wassel M. Jamesel	MANAN MANAN
	mo (10) 611 ( 3)
	1 2 10 00

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

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the 373 The same 2411 N. Charles Street, Baltimore

06126

# CERTIFICATE OF DEATH

	neg. Dist. I	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	DV.
Maryland Maryland	Maryland Montgome	rv
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and q	ive nearest town)
TOWN Rural, Cedar Grove 6 Wks.	TOWN Rural, Cedar Grove.	Md.
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
STREET ADDRESS	ADDRESS Cedar Grove. Md.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Lillian E	Liller DEATH June	5 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTII 9. AGE last hirthday   If und	er 1 year  If under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Widowed	5/22/1880 71 yrs. Month	s Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Elkins, West Virginia	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	111 464 5 103 46
Louis Simon	Emily B. Douglas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Maurice Johnson	
		1 -
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
1	1 Willia : 4 - 1:1. T+	
Immediate cause (a) 6 arcinoma Tgal	l-bladder with generalized melastase	a 1 year.
15.5% Antecedent cause(s)	(/ /	
Diseases or conditions, If any, (h)		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		***************************************
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
Al.		
22. I hereby certify that I attended the deceased from March 3		
	, 19.2/ , to fune 3, 19.2/ , that I last	saw the deceased
alive on June 5 195/ and that death occurred at 6	15 9: m., from the causes and on the date s	tated above.
	DDRESS 90 l	
alive on June 5 195/ and that death occurred at 6	DDRESS M, from the causes and on the date s	tated above. DATE SIGNED
alive on total 5 , 19.51 , and that death occurred at 6 (Degree or title)  2. BURIAL, CREMATION   DATE   NAME OF CEMETE	DDRESS 90 l	tated above. DATE SIGNED
alive on vil 5 , 19.51 , and that death occurred at SIGNATURE (Degree or title)  25. BURIAL, CREMATION DATE NAME OF CEMETE  REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or counter tery Cedear Grove.	tated above. DATE SIGNED (6/7/51) (State)
alive on the Signature (Degree or title)  25. BURIAL, CREMATION DATE REMOVAL (Specify)  BULLIA DATE RECOD BY LOCAL REGISTRAR'S SIGNATURE	DDRESS  OR CREMATORY   LOCATION (City, town, or course)	tated above.  DATE SIGNED  (2/7/5/ nty) (State)
alive on the first occurred at 5.  SIGNATURE  Degree or title)  Degree or title)  Purial, CREMATION DATE REMOVAL (Specify)  BULLIAL (Specify)  6/7/51  Baptist Ce	RY OR CREMATORY LOCATION (City, town, or countertery Location (City, town, or countertery Location)	tated above. DATE SIGNED (6/7/51 hty) (State)

EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

The correct age

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06123/4

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	MONT		
PLONT LOTER Y MARYLAND	TIL Contin and.			
OR give mearest town) 0/ , fin this place)	CITY (If outside corporate limits, write RURAL and giv	e pearest town)		
HOSPITAL OR HOSPITAL OR	STREET (N rural, give beation)	Vr		
INSTITUTION OR STREET ADDRESS /d Years	ADDRESS 1721 Eastern aug.	n.w.		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)		
(Type or Print) L DNAN TAINTAL	LONG DEATH June	13 1954		
Female Finite T. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Magnus	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days   If under 24 hrs.   Hours   Min.		
10a. HSHAI, OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OF		COUNTRY?		
Nousewell our Home	1 Muchington V. C.	US.A-		
13. FATHER'S NAME	14. MOTHER'S MAPDEN NAME			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes, no, or upknown) (If yes, give war or dates of security (Yes, no, or upknown) (If yes, give war or dates of legrice)	23017	asternave.		
18. MEDICAL CI				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONEET AND DEATH		
Hoart Fre	luce	6 mass		
Immediate cause (a)	* * * * * * * * * * * * * * * * * * *	9		
Immediate cause (a) Heart Failure (b) Antecedent cause(s) Disease or conditions, if any, (b) Arterio sclerosis  2 40				
giving rise to the above cause		X		
94 distating the underlying cause last	al inforction	6 mos		
H. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		28. AUTOPSY?		
		Yes   No		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)		
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?			
INJURY m.   Work   At work				
22. I hereby certify that I attended the deceased from 6.	1951, to 6/13, 1951, that I last s	w the decessed		
	70			
alive on		nted above. DATE SIGNED		
SIGNATURE (Degree or title) ADDRESS  AD				
Jamord J. Candall, 13		6/13/51		
23. HURIAL CREMATION DAPE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or count	(State)		
Swill I The work				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDINESS his		
6/3/31 Grances Soller	M 4 11. June 10, 2901.	17 Stille		
	Washington 9 D.C	•		

BUREAU V. S.

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

eg. Dist. No. 2-23 -

	200, 200, 100, 100, 100, 100, 100, 100,
1. PLACE OF DEATH- COUNTY PONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MONTGY
OR give nearest town) TAKOMA PARK  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN  AKOMA  ARK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 CRESCENT PLACE,	STREET ADDRESS 16 CRESCENT P2.
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH JUNE 20, 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) // POWED	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work look during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY WAY HOME	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WEAT COUNTRY?  COUNTRY?  AS A
713. FÄTHER'S NAME SCHUMANN	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of service)	POROTHER M. FISCHER, 9400 SAYBROOK AVE MA
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATS
Immediate cause (a) Chronic M	y ocarditis = Undetermina
420 / Antecedent cause(s) Acute Ca-	eliac tallurt - Shours
950C (e)	Thrombosis 16 months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	7
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No } \text{P} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1950 to feme 20, 195, that I last saw the deceased
alive on fine 20, 19 and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
BURIAL CREMATION   DATE THEREOR   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
BURIAL (Specify) JUNE 23, 1951 PROSPECT /	TILL CEM. WASHINGTON, D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-20-57 - T. M.M. VOO	JEBUR Stalking, 254 CARROLL ST. N. W.,
	10 Salar Present

nformation carefully. The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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DECEIVED

BUREAU V. S.

2411 N. Charles Street, Baltimore

# 06129

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	-
COUNTY NONTGOMERY MARYLAND	Marylany Ex	CONGRS
OR give negreet town) (in this piace)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN TAKOMA ARK	TOWN /// //anily	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	0 11
STREET ADDRESS 100 DALTIMORE HVE	1 ADDRESS 7205 Julesus Chat	el Ku
NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) DORA BLANCHE	MASSEY DEATH JUNE	4 1951.
SEY 16 COLOR OR RACE 17 SINGLE MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under	l year  If under 24 hrm.
WIDOWED, WYORCED, (Specify) 100 WED	APR 6, 1874. 77 yrs. Months	Days Hours Min.
On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Hausewill Won Home	NORTH GROLINA	USA
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
MOM NOBERTSON	PATTE	RSON
. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT, AND ADDRESS	, ( )
(es, no, or unknown) (If yes, give war or dates of service)	MRS. HAROLD H-MORRIS, 2705 QUEENS C	HAPELKD.
18. MEDICAL CE		1
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	A. 1 1	ONSEL AND DAMES
Immediate cause (a) Thromboais	Chrebnas	30 hrs.
34X Inmediate cause		
Antecedent cause(s) Disease or conditions, if any, (b) antengaseles	Asia	8 4m
giving rise to the above cause	30 - 1 · · · · · · · · · · · · · · · · · ·	
stating the underlying cause last		
(c)		
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	i.	
INJURY m.   Work   At work		
INJURY m.   Work   At work	10 A H 1-1	
0/2	, 1948, to June 4, 1951, that I last s	aw the deceased
22. I hereby certify that I attended the deceased from 7/2		
2. I hereby certify that I attended the deceased from 9/2 alive on 3, 1957, and that death occurred at 8	7:53 A m., from the causes and on the date st.	ated above.
2. I hereby certify that I attended the deceased from 7/2		
22. I hereby certify that I attended the deceased from 9,2 alive on 1,3 19.5, and that death occurred at 8 SIGNATURE (Degree or title)	ADDRESS A. m., from the causes and on the date st.	ated above. DATE SIGNED
22. I hereby certify that I attended the deceased from 9/2  alive on 3, 19.5%, and that death occurred at 8 SIGNATURE (Degree or title)  Which was a surface of the surf	ADDRESS A m., from the causes and on the date strategy of the	ated above. DATE SIGNED  6/4/5/  (State)
22. I hereby certify that I attended the deceased from 2, 2, alive on 1, 3, 19.5%, and that death occurred at 8 SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAD (Speedly)	ADDRESS Am, from the causes and on the date stranger of the st	DATE SIGNED  6/4/5/  EV) G (State)  HAM 7// CAR.
22. I hereby certify that I attended the deceased from 2, 2, alive on 1, 19.5, and that death occurred at SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL (REGISTRARS SIGNATURE)	ADDRESS A m., from the causes and on the date strategy of the	ated above. DATE SIGNED  6/4/5/ (State)
22. I hereby certify that I attended the deceased from 2, 2, alive on 1, 3, 19.5%, and that death occurred at 8 SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAD (Speedly)	ADDRESS Am, from the causes and on the date stranger of the st	ated above.  DATE SIGNED  6/4/5/  EY) G (State)  ADDRESS
alive on	ADDRESS ADDRES	ated above.  DATE SIGNED  6/4/5/  EY) G (State)  ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUTEAU V. S.
BUTEAU V. S.

# CERTIFICATE OF DEATH

leg. Dist. No. 2/6

			200gt Digit 110
1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
COUNTY Mont	gomery	MARYLAND	Maryland Montgomery
OR give neares	corporate limits, write RURAL	and LENGTH OF STAY (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR	lesda,		Town Silver Spring STREET (If pural, give location)
INSTITUTION O STREET ADDRE		ital	STREET (If rural, give location) ADDRESS 2422 Dexter Ave.
3. NAME OF DECEASED	(First)	(Middle)	A DATE (Month) (Day) (Year
(Type or Print)	Alice Gray		MICHONO DEATH June 15
5. SEX	6. COLOR OR RACE 7	SINGLE, MARRIED,	78. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 h Months   Days   Hours   Mi
Female	White	WIDOWED, DIVORCED, (Specify) Widowed	NOV. ZU. 18/UI 8U yrs. I
10a. USUAL OCCUP		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
Housewife 13. FATHER'S NAM	working the, even in tenned)	Own home	Carroll County, Virginia USA
			14. MOTHER'S MAIDEN NAME
Christian	Harriman		Julia Roberson
	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	service)	none	Mrs. Broward Howes, 2422 Dexter Ave.
		18. MEDICAL CE	
I. DISEASES OR C	ONDITIONS DIRECTLY LE	ADING TO DEATH	INTERVAL BETWEE
		$\cap$	un transition of
Immedia	te cause (a)	Nu	acculations acute 100 h
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last	Questiculose	inerticulité acute ONBET AND DEAT
	(c)	-	
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing death.	Cardia	c failure
	ERATION   19b. MAJOR FIN	DINGS OF OPERATION	20. AUTOPSY?
			Yes No d
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE OF INJUR	(Home, farm, factory, street, office bldg., etc.)	
	(Day) (Year) (Hour) I	NJURY OCCURRED Thile at Not While Work At work	HOW DID INJURY OCCUR?
			1 1 1 - 11
22. I hereby cert	tify that I attended the d	deceased from Now	19.47, to June 15, 19. 1, that I last saw the deceased
SIGNATURA	19.21, and	(Degree or title)	//: 30 A.m., from the causes and on the date stated above.  ADDRESS DATE SIGNED
SIGNATORY	10 7 Kby	-	
	House 17.	armer Mix	, any chase, ma, 6/15/5
23. BURIAL, CREM	ATION VOATE THEREOF	NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Spe	eify) (6/18/51	Colesville	Cemetery Montgomery County, Md.
DATE REC'D BY REG. / / /	LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTOR ADDRESS
6/18	15/ Dessee m.	mompson.	Warney & Tumphra 8434 Ga. Ave.
		//	Callyer Spring Meryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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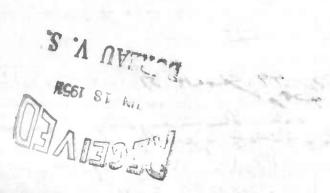
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06131

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	D 0
COUNTY MONTGOMERY MARYLAND	STATE MAYY 19~ d COUNT	NINCE (TCO.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give means town) 9 (in this place)	CITY (If outside conforate limits, write RURAL and on TOWN UNIVERSITY PARK	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS TO 1. FFC NUYSING HOME	STREET (If rural, give iocation) ADDRESS 4308 C 199eff	Pd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mooth)	(Day) (Year)
(Type or Print) JANEIA GOICY	C WILL DEATH	19 1257
Female White WIDOWED DIVORCED, (Specify) WIDOW	10C/1 / 0C 3TB.	s. Days   Hours   Mio.
done during most of working life, even if retired)  10s. KIND OF BUSINESS OR INDUSTRY	MACON, GA.	COUNTRY? Q.S.A.
DFL Cooley	14. MOTHER'S MAIDEN NAME PAR	pello
15. Was Decrased Ever In U.A Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	R. P. McMill	N.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	assula accident	6 Min
33/X Antecedent cause(s)		
2	I and in - Brief	68-4 O-
Blaeases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. How I At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	1049 to Q and ME 1000 wheat I have	
		saw the deceased
alive on 19, and that death occurred at	ADDRESS ADDRESS	stated above.
Candill you med	Silver Lovel 20	6-14259
RURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify) 6/16/51 GRAWO C	RY OR CREMATORY COCATION Cov. town, or cou	oty) (State)
DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
TILLIA STATE OF THE STATE OF TH	F. GASCAS DOW	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06132

1. PLACE OF DEATH COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (H	iome) of deceased.	
CITY (If outside ed OR give nearest TOWN	orporate limits, write RURA town) ethesda, Rural		OR OR	te limits, write RURAL and given ashington	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		Hospital	STREET ADDRESS 2009	(If rural, give location) Wyoming Avenue,	NW.
3. NAME OF DECEASED (Type or Print)	(none)	(Middle) (none)	(Last) MCREE	4. DATE (Month) OF DEATH June 21	(Day) (Year)
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWEDS DIVERCED, (Specify) SINGLE	June 20,1951	9. AGE last hirthday If under Months O	00 100 36
done during most of w	ATION (Give kind of work vorking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland	1	COUNTRY? US
	liam H. McREE		Pauline	TALLY	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES' (If yes, give war or dates of learning)	[		iam H. McREE	
I. DISEASES OR CO	ONDITIONS DIRECTLY		Odino	as item # 2	INTERVAL BETWEEN ONSET AND DEATE
Immediate		CONGENITAL HYDROC	EPHALUS WITH SP	INA BIFIDA	
Diseases or o	of cause(s) conditions, if any, the above cause underlying cause last				
11. OTHER SIGNIFI	(c) CANT CONDITIONS uting to the death but not se or condition causing death	h.			
		INDINGS OF OPERATION			20. AUTOPSY? Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work  At work	HOW DID INJURY OCC	UR?	
22. I hereby certi		deceased from June 20			
alive on Ju	ne 21 , 1951 , and	that death occurred at	.2:35 A m., from the	causes and on the date sta	ated above. DATE SIGNED
C. H. GILL 23. BURIAL, CREM		U.S. NAVAL		ESDA, MD. June OCATION (City, town, or count	
DISPOSAL (Spec	June 22,1	1951 USN Medical		Bethesda, Maryl	
June 22, 19		whittingto	None		VDDVESS
2063013	61363				



2411 N. Charles Street, Baltimore

# 06133

# CERTIFICATE OF DEATH

I. PLACE OF DEATH	·		2. USUAL RESIDENCE (I			
COUNTY	Montgomery	MARYLAND	STATE Virgin	nia	Dinwid	ldie
CITY (If outside co	proprate limits, write RUR.	AL and   LENGTH OF STAY	CITY (II outside corpor		and give r	nearest town)
	ethesda, Rural	(in this place) 4 days	I TOWN	ersburg		
HOSPITAL OR INSTITUTION OF STREET ADDRESS		Hospital	STREET ADDRESS 43	7 Harrison St	reet	V
3. NAME OF DECEASED (Type or Print)	(First) Ocie		(Last) MORRISON		ne 11	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, MILYORCED, (Specify)	8. DATE OF BIRTH Nov. 23, 1873	9. AGE last birthday   77 yrs.	If under I y	ear   If under 24 hrs.   Hours   Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Virgin	r foreign country) i.a		UNTRY! US
Not kno	E		14. MOTHER'S MAIDEN			
Georg	ge MORRISON		Ella WO	LF		
AF YAY Description For	To II C Anuma Ponara	7   I6. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(Yes, no or unknown)	(If yes, give war or dates (service)	of	Wife: Mrs. 0	. C. MORRISON	1	
***		18. MEDICAL CE	ertification Same a	s item # Z	1.	L
I. DISEASES OR CO	NDITIONS DIRECTLY,	LEADING TO DEATH .	1 1 6			NTERVAL BETWEEN
***************************************		Danie a Danisti	11. 4.4 () in			
Immediate	e cange (a)	Herescello	HEALT of sea	U		
.16		rferioschiosis	1 1			
	it cause(s)	Leurschioses	aculalization.			
Diseases or o	conditione, if any, (b)	Man	t described	**************************************	** *	*************
93d stating the u	nderlying cause last		()			
	(c)		9		1	
Conditions contribu	CANT CONDITIONS iting to the death hut not se or condition causing deat	th.				
		FINDINGS OF OPERATION			1	20. AUTOPSY?
						Yes 🖂 No 🔏
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	rown) (Co	OUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJU	JRY				
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED   While at   Not While   Work     At work	HOW DID INJURY OC	CUR?		
INJURI	m.	Work At work				
22. I hereby certi	ify that I attended th	e deceased from June 7.	, 19.51, to June	11, 19.51, that	I last saw	the deceased
eliva on Ju	ne 11 19 51 ar	d that death occurred at	5:27 A m. from the	causes and on the	date state	ed above.
SIGNATURE	11	(Degree or title)	ADDRESS			DATE SIGNED
THE TIME	LIHAU					
JURI REYN	olds, ltjg, mc		VAL HOSPITAL, BE			11, 1951
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	,1951 NAME OF CEMETE	Cemetery	Petersburg,	or county) Virgin:	(State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	ral Home, 1	300 N	ADDRESS Street
Julie 11, 19	I elas	whilesals			,00 11	
			NW, Washin	ECOIL, D. C.		11111

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

BOTTO A STATE OF STAT

06134

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTGONERY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN SILVER SPRING (in this place)	TOWN BILVER SPRING
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 9503 ST. ANDREWS WAY
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) FRANK	MURPHY DEATH 6- 11 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under I year III under 24 hrs.
MALE WHITE WIDOWED, DIVORCED, (Specify) MARRIED	JULY 18, 1896 54 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MICHAEL J. MURPHY	MARY JANE ALLEN
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of 10 - 1 - 1 - 7 - 2	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of 195-01-6792	CHARLOTTE DEVINE MURTHY RETIFICATION 9503 ST. ANDREWS WAY SILVER SPRING. MD.
18. MEDICAL CE	RTIFICATION 4503 ST. AMOREUS WAY SILVER SPRING. MD.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTRIVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcino	ma of pancreas 18 mo.
1074	
Antecedent cause(s) Diseases or conditions, if any, (b)	
glving rise to the above cause	
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
A	
22. I hereby certify that I attended the deceased from Dep. 1.	
alive on June 10, 1951, and that death occurred at	ADDRESS DATE SIGNED
	1-6 + St. N.W. Wash. D.C. 6/11/51
20. 20.	Demeley Oltona Penn.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6/12/51 Frances Colley	Francis Shalling 3821-1421. n.w.
	002/1401. 1100.

DECEDATED

BUREAU V. S.

# CERTIFICATE OF DEATH

he correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legil

MARGIN RESERVED FOR BINDING

/		
L'PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Balt	imore
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	[] CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) TOWN Bethe sda, Rural In this place) Thour	OR TOWN Baltimore	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	ADDRESS 3569 Bensinger Road	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Frederick William	MYERS DEATH June 28,	19 51
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year III under 24 hrs
Male White WIDOWED, DIVORCED, (Specify) Single	June 28,1951 00 yrs. 00 ths	00 101 82
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
None	Maryland	US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Melvin F. MYERS	Beatrice EARLINE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Father: Melvin F. MYERS	
18. MEDICAL CEI	RTIFICATION Same as item # 2	•
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
611 +	6. 7.	
Immediate cause (a) Ottlertass	Congenital	
MION		
/(O L, V Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	***************************************	0.0 00 00 00 0 0000000 000000 000000 00000
1610 stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes X No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	T WORK BUD DURWING ORGANIA	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	3
INJURY m.   Work  At work		
22. I hereby certify that I attended the deceased from June 2	8 1951 to June 28 19 51 that I last as	m the deceased
	No.	
alive on June 28 , 1951 , and that death occurred at 3	:45 P.m., from the causes and on the date sta	ted above.
SIGNATURE, (Degree or title)	ADDRESS	DATE SIGNED
A. GEDAROVICH, LT, MC, USN U.S. NAVAL H	OSPITAL, BETHESDA, MD. June 2	
		0 1051
OR DUDIAL CONSTANTION   DATE THEREOF   MAME OF CEMETER		
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE!		(State)
Disposal Specify June 29,1951 USN Medical	School Bethesda, Maryland	(State)
REMOVAL (Specify) Time 20 1051 HEM Madical		(State)

RECEIVED

ETRIAU V. S.

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LAINLY, WITH especially important

WRITE

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH. COUNTY STATE Monte Ty Maryland Montgomery MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Silver Spring
HOSPITAL OR (in this place) Silver Spring TOWN STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 732 Richmond Ave. 732 Richmond Ave. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED June 6 1951 Elizabeth Hoffer Niman DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 9. AGE la birthday | If under I year | If under 24 hrs 6. COLOR OR RACE 8. DATE OF BIRTH Months | Days | Hours | Min. White Female March 9, 1881 70

11. BIRTHPLACE (State or foreign contry) 10h. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY home USANTEY? Ohio 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Melissa Crider James E. Hoffer 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Miss Margaret Niman, 732 Richmond Ave. service) Silver Spring, INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 18 2000 Immediate cause 200.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No Z PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT (Specify) SUICIDE INJURY HOMICIDE TIME (Month) (Day) (Year) HOW DID INJURY OCCUR? INJURY OCCURRED (Hour) While at Not While INJURY Work At work 19.5/, to Counce, 19.5/, that I last saw the deceased 22. I hereby certify that I attended the deceased from.... (Degree or title) ADDRESS from the causes and on the date stated above. alive on ....? DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify Mansfield. Ohio Mansfield Cemetery 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS Usener 6 Tumphrey, 8434 Ga. Ave. Silver Spring, Maryland

BUREAU V. S.
JUN 11 1951

# LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

()6137 Reg. Dist. No. 2

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MARYLAND	STATE Wash. D. b. COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give negrest town)	OR
TOWN HOSPITAL OR	STREET (If runal, give location)
INCTITUTION OR	ADDRESS A CONTRACTOR OF THE CO
STREET ADDRESS 8600 led lengthoused.	Jb 0 8 Holdeld Milling
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	DEATH 4 H 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	S. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 24 hrs.
Tamale What WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITTZEN OF WHAT
done during most of working life, even if retired) A INDUSTRY	COUNTRY?
done during most of working life, even if retired) I INDUSTRY	Hall 6. remuelon
13. FATHER'S NAME ( Claused)	14. MOTHER'S MAIDEN NAME
Varner le 1) are	tuen Drock
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	IT INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	Illace O and home
18. MEDICAL CE	PTIFICATION
18. MEDICAL CE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	M / 1 / 2 / M
Immediate cause (a)	Jen'l Volland Chrather
load	
Antecedent cause(s)  Diseases or conditions, if any, (b)	New: - well
giving rise to the above cause	44 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
55 e stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION ()	20. AUTOPSY?
June 1/51 Hentiral Carcinona -1	Yes I Note
2A ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OILL OIL LOWIN) (OODILLI) (DIMID)
HOMICIDE INJURY	The state of the s
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
	,
22. I hereby certify that I attended the deceased from.	19, to the deceased
alive on 1957, and that death occurred at	. H.J. A.m., from the causes and on the date stated above.
alive on 1957, and that death occurred at	. H.J. A.m., from the causes and on the date stated above.
alive on 1951, and that death occurred at Degree or title)	ADDRESS DATE SIGNED
alive on 1951, and that death occurred at Degree or title)  23. BORTAL, CREMATION   DATE THEREOF   NAME OF CEMETE	ADDRESS  ADDRESS  ADDRESS  DATE SIGNED  ONLY  ON
alive on 19.51, and that death occurred at Degree or title)  23. BORIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ADDRESS DATE SIGNED DATE SIGNED CRY OR CREMATORY DOCATION (Gity, town, or county) (State)  Crematory Suitland, Weryland
alive on	ADDRESS  RY OR CREMATORY DOCATION (Gity, town, or county)  Crematory Suitland, Waryland  24. FUNERAL DIRECTOR  ADDRESS
alive on 19.51, and that death occurred at Degree or title)  23. BORIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ADDRESS DATE SIGNED DATE SIGNED CRY OR CREMATORY DOCATION (Gity, town, or county) (State)  Crematory Suitland, Weryland

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BUREAU V. S.

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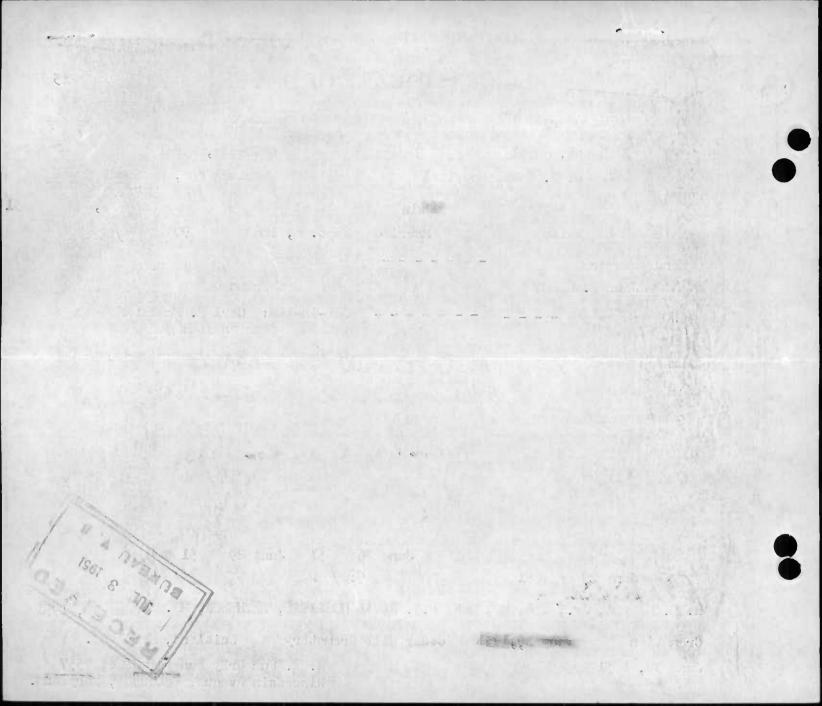
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06138

# CERTIFICATE OF DEATH

COUNTY Mont comower	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	Maryland Mon	tgomery
OR give nearest town) TOWN Bethesda, Rural (in this place)	Town Bethesda, Rural	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  U. S. Naval Hospital	STREET (If rural, give location) ADDRESS Quarters "D", National	Naval Center
3. NAME OF (First) (Middle) DECEASED (Type or Print) Walter Edwin	OLLEY 4. DATE (Month) OF DEATH June 29	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, MICROSON, (Specify) MARRIED, (Specify) MARRIED, (Specify)	Sept. 6, 1860 90 yrs. If under Months	1 year   If under 24 hrs Hours   Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Manufacturer	11. BIRTHPLACE (State or foreign country) 12. England	COUNTRY? US(N)
John E. OLLEY	14. MOTHER'S MAIDEN NAME Catherine COX	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no. or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Son-in-law: Carl H. McMILLAN	
	RTIFICATION Same as Item # 2	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	9.	ONERT AND DEATH
Immediate cause (a) Metastare	a to ower	6 mo
154X Antecedent cause(s) Diseases or conditions, if sny, giving rise to the above cause stating the underlying cause just	na, Rectum	9 mo
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	A aurearca	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes A No (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(011111)
TIME (March) (Dan) (Veca) (Hour) I INITIDY COCHED TO		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		aw the deceased
22. I hereby certify that I attended the deceased from June 26 alive 1 June 29 19 51 and that death occurred at 19 SIGNATURE: (Degree or title)	5, 19 51, to June 29, 19 51, that I last s 2:09 Pm., from the causes and on the date st	ated above. DATE SIGNED
22. I hereby certify that I attended the deceased from June 26  align June 29 19 51 and that death occurred at Signature 29 (Degree or title)  R'O. CANADA, Jr., CDR, MC, USN U.S. NAVAL	2:09 P.m., from the causes and on the date st ADDRESS HOSPITAL, BETHESDA, MD. June	ated above. DATE SIGNED 30, 1951
22. I hereby certify that I attended the deceased from June 26  align for June 29 19 51 and that death occurred at 19 (Degree or title)  R. O. CANADA, Jr., CDR, MC, USN U.S. NAVAI  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER CREMOVAL (Specify)  Cremation July 2.1951 Cedar Hill	29. 19.51, to June 29, 19.51, that I last a second on the date st ADDRESS.  HOSPITAL, BETHESDA, MD. June RY OR CREMATORY LOCATION (City, town, or coun Suitland, Marylar	DATE SIGNED 30, 1951 ty) (State)
22. I hereby certify that I attended the deceased from June 26  align June 29 19 51 and that death occurred at Signature (Degree or title)  R.O. CANADA, Jr., CDR, MC, USN U.S. NAVAL  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	209 P.m., from the causes and on the date st ADDRESS.  HOSPITAL, BETHESDA, MD. June	ated above. DATE SIGNED 30, 1951 ty) (State) ad. ADDRESS, 7557

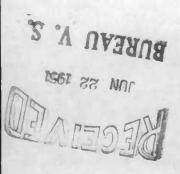


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.	
1. PLACE OF DEATH. COUNTY MARYLAND	STATISMO	
CITY Of audid company limits write DUDAT and I TENETH OF STAY	CITY (II outside corporate limits, write RURAL and give	former
OR give nearest town) (in) this place),	OR TOWN 33 of Town	Herrent comm
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS & 600 Old Lean How Rd	ADDRESS & 1 0 8 Cently a b	),
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	OF DEATH	20 1951
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under I	year IIf under 24 hrs.
Temale White Specifor with windowed	Aug. 6, 1868 82 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BINTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Kansas	COUNTRY? U. S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
Dr. Thomas Craig	Mary Alle	n
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS TOTAL TEC	irview Rd.
(Yes, no, or unknown) (If yes, give war or dates of service) NO	Toile Poden Danahten 7114 10	Spring Md.
I8. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 descent	700	126
Immediate cause (a)	y sucure	1270.
420, Antecedent cause(s) Diseases or conditions, if any, (b) Arteriocclerosis	Coronary Occlusion	3 mo.
giving rise to the above cause	10	1111.
(c) (oronar	ry Occlusion	14 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	8	
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
6/10	F1 1/2 5	
22. I hereby certify that I attended the deceased from 6/19	, 19.3, to	w the deceased
alive on 6/19, 19.57, and that death occurred at.		ted shove
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Jaggers Jr. M. D. 570	7 Wis consin ave Chevy Chase 1	up. 6/2951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	and the second	
	ial Park   Falls Church V	irginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
6-20-5 Dessie M. Thornban	Robert a. Kumphrey Bet	hesda, Md.



VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06140

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY
MONTGOMERY- BETHESON, MARYLAND	Ma. 190h Himery
OR give nearest town (in this place)	CITY (If outside corporate Minits, write KURAL and give nearest town)
TOWN BE THE SAA I day	TOWN Silver SPRINGS, Md
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL	ADDRESS 84 14 OUEEN ANNE'S Dr.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) WILHELMINA, H. QUI	PAND OF DEATH JUNE / 195/
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED,	S. DATE OF BIRTH  9. AGE last hirthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
FEMALE WHITE (Specify)	13-21-83 66 ym.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even If retired)  Housewife  Cwn home	Washington, D. C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Hartig	Emma Comradis
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. C. H. Ourand
(Yes, no, or unknown) (If yes, give war or dates of service)	6219 Western Ave., Chevy Chase, D. C.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Condicas d	lecomposation 1-2 years
Ininiculate cause	
4 2U 2Antecedent cause(s)	
Diseases or conditions, if any, (b)	**************************************
108 stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not (1) Presumonia lay	1+ lolar (2) Pleasing with effering (4)
related to the disease or condition causing death.	, , , , ,
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🖰
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR!
INJURY m.   Work   At work	
	10/19. 1 1/100 15/10 1711 10 1 1
22. I hereby certify that I attended the deceased from	19.4.7, to 19, that I last saw the deceased
alive on, 19.5%, and that death occurred at	7:563 m from the causes and on the date stated shove
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SIGNATURA /	II a House had I have si
William D. Clud M.D.	grade o pains
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) 6/4/51 Rock Creek (	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6-5-51 Bessie m. Thompson	Warner & Tumphray 8434 Ga. Ave.
- State of the sta	Silver Spring, Maryland

# BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06141

# CERTIFICATE OF DEATH

			TYGOVAN PERCENTAGE	LOMB OF THE	
1. PLACE OF DEATH		Al-	2. USHAL RESIDENCE (I	HOME) OF DECEASED	COUNTY
M	ontgomery	MARYLAND	Delaw	are Ne	COUNTY Castle
OR give nearest	orporate limits, write RUR. Bethesda, Rura	in this place) 21 days	OR TOWN E1	smere	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R II C Wosse		STREET ADDRESS 324	(If rural, give local New Road	ation)
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) (n)	(Last) PARKS	4. DATE (Mon	th) (Day) (Year) e 19, 19 53
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED,	Aug.19.1928	9. AGE last birthday   1	f under I year   If under 24 hm Yonths   Days   Hours   Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF LADUSTRY WARING CORP	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAM	A	/ Amon	Frances ROBIN		ament)
SF Was Drawn C	SON (Foster Par	7 I IS COULT SHOUTHEN NO	17. INFORMANT AND		areno)
(Yes, no or unknown)	(If yes, give war or dates service)	of	Wife: Naomi P.		
110	(mervice)		RTIFICATION Same a		1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		s item # 2	INTERVAL BETWEEN ONSET AND DEATE
Immediat	e cause (a)	Ayocardial I	nfarction		2 Weeks
/ Wiving rise t	o the above cause	Portal Vein T	hrombosis		2 Weeks
100 6 stating the t	inderlying cause last (c)	Mesenteric Ve	in Thromb	osis	3 Weeks
Conditions contributed to the dises	ICANT CONDITIONS uting to the death but not use or condition causing deat	h			
May 29 19		findings of operation teric Vein Throz	uposis with 6	and remous l	Sowe Yes No D
21. ACCIDENT SUICIDE HOMICIDE		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR		OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that I attended th	e deceased from May 28	, 1951 , to June	19, 1951, that I	last saw the deceased
alive on Ju	X. S. Hall	d that death occurred at (Degree or title)	ADDRESS		DATE SIGNED
R. G. HAL	EY, LTJG, MCR,	USNR U.S. NAVA	L HOSPITAL, BET		June 20, 1951
23. BURIAL, CREM REMOVAL (Spec	ATION   DATE THERE	OF NAME OF CEMETE	ery or crematory lemorial Park	Wilmington, D	
DATE REC'D BY	LOCAL   REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
June 20, 19		white	Wastler Funer	al Home, 301	East Capitol
		- June	Street, Wash		1111
					5454/6

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06142

# CERTIFICATE OF DEATH

Reg. Dist. No. 223\_

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	y m. k
CITY (If outside corporate limits, write RURAL and ) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve negreet town)
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  LENGTH OF STAY (in this piace)	TOWN John Salk	re mearest town,
HOSPITAL OR INSTITUTION OR /7	STREET (If rural give location)	
STREET ADDRESS // Surman Upinus	ADDRESS / J Shermon arewer	
3. NAME OF (First) (Middle) DECEASED (AAAA)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) I—IVIMA HARRIET	PARSHALL DEATH JUL	9 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1 / 1/69   00 yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done define most of working life, even if retired)  10b. Kind of Business or Industry  INDUSTRY	11. BIRTHPLACE (State or foreign country)	Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Narhan Jersey	Elizabeth ?	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Thaurise Parshall, 17 Sherman	The Fel Per
/// service)	10 reached or writing, 1 / 100 worked to	in Concrete
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Casa The		. /
Immediate cause (a) Lovou any sure	have the	I hour.
//6 \ / Antecedent cause(s)	. 1	
Diseases or conditions, if any, (b) Coroney Arley	Lleseare	1 year.
94 o giving rise to the above cause stating the underlying cause last	He as long	10/10-10
II. OTHER SIGNIFICANT CONDITIONS		10 years
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  NJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work □ At work □		
	Sn 9 [10.1 -5]	
22. I hereby certify that I attended the deceased from 1974: / O	1930, to 7 3000, 193/, that I last	saw the deceased
alive on 9 June, 1957, and that death occurred at 6	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Iskullen M.W. 7/12 Wellow	Aue Jakour Vork Md	9 J'une 195'
23. BURIAL, CREMATION DATE REMOVAL (Specify) June 13, 1951 Chesaning		chegan.
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR SSU CANA	KODRESS W. Ob. W.
	06.1	100
	11	441

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BUREAU V. S.

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06143

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

1. PLACE OF DEAT	ntgomery	MARYLAND	2. USUAL RESIDENCE ( STATE Marylar	COTO	EXY
	corporate limits, write RU			rate limits, write RURAL and	
HOSPITAL OR INSTITUTION O	OR 12,204 Juds	D	STREET	(If rural, give location)	
STREET ADDRI			12,20	Judson Road	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Walter		terson	DEATH JUNE	10 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	July 19. 1887	9. AGE last birthday   If und Mont	ler 1 year   If under 24 hrs. hs   Days   Hours   Min.
10a. USUAL OCCUI	PATION (Give kind of working life, even if retired	Limborn Machine Sh	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAI			14. MOTHER'S MAIDE	NAME	V 1000 - 1 / 1
Charles Pat	terson		Ann Patuelo		
		ES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(1 as, no, or unknown	)   (If yes, give war or date  service)	037-12-3074	Mrs. E. T. McM	illen, 12, 204 Jud	son Rd.
		18. MEDICAL CE	RTIFICATION ·	Silver Spr	ing Md. Between
I. DISEASES OR C	ONDITIONS DIRECTL	Y LEADING TO DEATH		None men	ONSET AND DEATH
Immedia	te cause (a)_	Coronary .	reclusions		1 hr.
7 Diseases of		Cardio - vasc	ulan-reno	l disease	34ro
13/a giving rise stating the	to the above cause underlying cause last (c)				
Conditions contrib	FICANT CONDITIONS nuting to the death but not asse or condition causing de	eath.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes   No Ki
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PI	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	While at Not While	HOW DID INJURY OF	CCUR?	
		the deceased from 2/5	148 to 6/11	2, 19.57, that I last	saw the deceased
1	A				
alive on. A./	198/,	and that death occurred at (Degree or title)	ADDRESS from the	causes and on the date	stated above. DATE SIGNED
Coft.	Hos worth	M.D. 8		ash @ O.C	6/11/51
23. BURIAL, CREA REMOVAL (Spo Trans. & Bi	MATION   DATE THER (city)   6/11/51	Moshassuck	Cemetery	Providence Count	
DATE REC'D BY	LOCAL   REGISTRAR	's signature	24. FUNERAL DIRECTO	OR	ADDRESS
REG 6/11/5	Vian	red soller	Degener 6 Tumple	8434 Georgia	Ave.
				Silver Sprin	OTHER WANTED



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

06144

# CERTIFICATE OF DEATH

/					
1. PLACE OF DEATH.			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY MONTGOMERY MARYLAND			Maryland Montgemery		
		CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) TOWN Cabin John Cardens  On this place) TOWN Cabin John Cardens		Town Cabin Jo	ohn Gardens		
HOSPITAL OR	HOSPITAL OR		STREET	(If rural, give location	n)
INSTITUTION OR 21 Froude Circle		ADDRESS 21 Froude Circle			
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	EDWARD	MARION PAT	TRICK	DEATH June	18, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday   If us	nder I vear III under 24 hrs.
Male	White	(Specify) Married	8May 1908	43 yrs. Mor	the Days Hours Min.
10a. USUAL OCCUI	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	1 12. CITIZEN OF WHAT
Architect	working life, even if retired) - Mechanical	INDUSTRY U.S. GOV't.	Europe		COUNTRY
13. FATHER'S NAM	4E	U.O. O. O. O. O.	14. MOTHER'S MAIDEN	NAME	
Edward M.	Patrick		Katherine	Angel	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	3?   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates (service)	of None	Henrietta Pa		as Ttem# 2
-114		18. MEDICAL CE		OT LOIL SKING	1
I DIGEAGES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
I. DISERSES OR O	ONDITIONS DIMEDITAL	LILATING TO DEATH	6.1		ONSET AND DEATH
Immedia	te cause (a)	Monares	Trombe	ren	Low
11201		00 1	-	,	
TOUI Antecede	nf cause(s) conditions, if any, (b)	Cherrie. He	prelen con	. 1	
giving rise t	to the above cause				
94 or stating the	underlying cause last		V		
II OBUED SIGNIE	(c) ICANT CONDITIONS				
Conditions contrib	uting to the death but not				
	DATTON LIST MAJOR	FINDINGS OF OPERATION			1 00 ATTROPONS
198. DATE OF OFE	MATION 130. MANJOR 1	EMDINGS OF OTBICATION			20. AUTOPSY?
21. ACCIDENT	(Specify)   PLA	CF (Hama farm factors attack	: (CITY OR T	'OWN) (COUN	Yes No
SUICIDE	(Specity) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITT OR I	: W.	(STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
				10	
22. I hereby cert	lify that I attended th	e deceased from Jan 6	, 19 1/ , to leve /	19.d./, that I la	st saw the deceased
alive on Jac	4.18 105/ am	nd that death occurred at	6. 1. (A m from the	courses and on the dat	a shadad abassa
SIGNATURE	, 15.7.1, au	(Degree or title)	ADDRESS_	causes and off the day	DATE SIGNED
1,402	PC.	7 4- 7511	1 S 1	11. 1.20	10 100
10	Treamer	MG 754		s wank oc	
23. BURIAL, CREM REMOVAL (Spe	city) DATE THERE		RY OR CREMATORY L	OCATION (City, town, or	
Burial	10/21/)1		t Cemetery	Washington,	D.C.
DATE REC'D BY		. 7 10	24 FUNERAL DIRECTO	Λ	ADDRESS
6/19/	5/ 1 Desa	e M- Thompson	Robert W. Tu	malrey-Beth	esda, Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06145

eg. Dist. No. 2/6

all.					
1. PLACE OF DEATH- COUNTY COUNTY MARYLAND			2. USI'AL RESIDENCE (HOME) OF DECEASED- STATE COUNTY		
CITY (If outside corporate/limits, write RURAL and OR give nearest town)  OR the limits, write RURAL and (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS And her has possible for the second state of			STREET (If rural, give location) ADDRESS 3600 (446 ST. 71.10.		
3. NAME OF DECEASED (Type or Print)	Hueriet E	(Middle)	(Last) 4. DATE (Month) OF DEATH MAC	(Day) (Year) 26 195/	
5. SEX	6. COLOR OR RACE	7. SINGLE/ MARRIED.) WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	1 year  If under 24 hrs.	
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY		COUNTRY?	
13. FATHER'S NAM	Roscoe E	merson	14. MOTHER'S MAIDEN NAME Ellen Balcock		
	ver In U.S. Armed Forces (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS		
		18. MEDICAL CE	RTIFICATION	1	
I. DISEASES OR CO	ONDITIONS DIRECTLY			INTERVAL BETWEEN ONSET AND DEATE	
Immediat	0.00000 (8)	Carcinon	10 Of ZIRUN	20.1.A.A.	
14-11 Innieulat	e cause				
	nt cause(s)				
giving rise to	conditions, if any, (b)		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
46 - stating the u	inderlying cause last				
	(e)			1	
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat				
19a. DATE OF OPE	RATION   19b. MAJOR R	FINDINGS OF OPERATION		Yes No D	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	NOW DID INJURY OCCUR?		
22. I hereby cert	ify that I attended the	e deceased from May	5, 1951, to June 24 1952, that I last s	aw the deceased	
alive on SIGNATURE	ne 25, 195/, an	d that death occurred at	ADDRESS and on the date st	DATE SIGNED	
Sidney	Cousin	a 21.2. c	3921 Sugamor SYNW Z	Vach & B	
23. BURIAL, CREM REMOVAL (Spec	16/2//	51 Cedar Stil	RY OR CREMATORY LOCATION (City, town, or count	.Co. md	
DATE REC'D BY REG. /	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
6/26/	31 17lave	M. How BROW	17. M. Junes 10, war	Luglan KUC	

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# PÉBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06146

# CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.  COUNTY Mont.		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givercarest town Chase (Orchardale) this place)	CITY (If outside corporate limits, write RURAL and give uearest town) OR TOWN Chevy Chase (Orchardale)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5304 Sherrill Avenue	STREET (If rural give location) ADDRESS 5304 Sherrill Avenue		
3. NAME OF (First) (Middie)	(Last)   4. DATE (Month) (Day) (Year)		
(Type or Print) Robert F. Perry	DEATH June 7 1951		
5. SEX   16. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.		
Male White WIDOWED DIVORCED, (Specify) Vidowed	Jan. 19,1884 67 yrs.   Months Days Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Retired-Manufacturer Wood Product	Mannisten, Michigan USA USA		
13. FATHER'S NAME Steven Perry	Mary Hurley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown) (If yes, give war or dates of service)	Robert &. Perry, (son)		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	UNSET AND DEATH		
Immediate cause (a)	Jouen 15 min		
Immediate cause			
VAntecedent cause(s)	relevosio 10 typo		
Diseases or conditions, if any, (b)			
94 a stating the underlying cause last (c) Cerebral the	ombosis first and to 6 cgs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	blander thut attack 3 2 as.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes 🗆 No 🗗		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  1 NJURY (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net-While INJURY m.	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from			
alive on 28 19 , and that death occurred at	2. 55 pm., from the causes and on the date stated above.		
SICXAPURE (Degree or title)	ADDRESS DATE SIGNED		
Afficewine MD. S	5522 Western Ch (. 7 June 5/		
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)		
	z Cemetery   Natchez, Mississippi		
REG. 6-8-51 Besse M from know	24. FUNERAL DIRECTOR ADBRESS AND GRAND Jul. 317 Pa. Ave., S.E.		
1 Oscale Monor manor	1 00		
	00.		

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06147323

	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
	MARVIAND	VVariational Passace	-100010
	CITY (If outside conforate limits, write RURAL and LENGTH OF STAY OR give nearest fown)  TOWN  T	CITY (If outside Corporate limits, write RURAL and gig OR TOWN	neares(Jown)
	HOSPITAL OR	STREET (If pural give neation)	01 1
	STREET ADDRESS Valorington & anaroum	ADDRESS Vew Jampshire line	- Extended
,	3. NAME OF DECEASED (First) (Middle) .	(Last) 4. DATE (Month)	(Day) (Year)
	(Type or Print)  6. COLOR OR RACE   7. SINGLE, MARRIED.	DEATH 6- 27	1951
	S. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Months	Days   Hours   Min.
	TWE USUAL POCUPATION (GIVE kind of work   10b. Kind of Business on	111. BIRTHITLACE (State or foreign country)   12	CITIZEN OF WHAT
	done during host of working life, even if retired)		CONTINUE OF
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECRASED EVEN IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO.	IT. INFORMANT AND ADDRESS	
	15. WAS DECRASED EVEN IN U.S. SAMED FORCENT 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, giv/ war or dates of service)	Dorothy Privar - Same - 4/	Til.
	IA. MEDICAL CE		<del>y</del>
	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	de la	* short	
	Immediate cause (a)		
9	Antecedent cause(s) Diseases of conditions, if any, (b)	Superior Veras Corre	
	Diseases or conditions, if any,  giving rise to the above cause  4 a stating the underlying cause last	A A A A A A A A A A A A A A A A A A A	19 80 99 77 *************************
	10) Stat wound	or chest	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	V-	
	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		
	THE MAIN OF GRANALION   1881 MAION FINDINGS OF GRANALION		10. AUTOPSYT
	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes G No 🗆
	CAUSE OF DEATH. INJURY	Selvendamies R. D. Mr. Sea	- md
	TIME (Month) (Day) (Year) (Hour), INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR	
	INJURY 0-27-51 930 m.   work   at work	Stattigh Chest with name	Ihnde
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	tutophy & Inspection & Inquiry & thereon and	from the evidence
	obtained by said Autopsy, Inspection or Inquiry, find that said dece- from: natural couses , accident , suicide , homicide ,	used died on the day stated above, and death in my	opinion resulted
	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	Johns Malonen M. R. Nep- Med Eron	Chrosel brotton March 1	25-11
		RY OR CREMATORY   LOCATION (City, town, or count	y) (State)
16	transportation 6/28/5-1 stans	ton regime	
1	DATE MEC'D BY LOCAL REGISTRAR'S SIGNATURE	34 FOR ERAL DIRECTOR	A501188/
1	sin 28/917 Brown severy	I susche some tyeur	100.4
1	( ) Willan D. l.		1117

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06148

1. PLACE OF DEATH-			2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Montgomery MARYLAND			District of Columbia		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Bethesda, Rural (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington		
HOSPITAL OR INSTITUTION OF STREET ADDRE	THE MATER		STREET ADDRESS 6608	32nd Place, N.	
3. NAME OF DECEASED (Type or Print)	(First) (none)	(Middle)	(Last) QUIGLEY	4. DATE (Month) OF June	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH June 19,1951	9. AGE last birtbday   If u	
10a. USUAL OCCUP. done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTEY? US
13. FATHER'S NAME Richard QUIGLEY			14. MOTHER'S MAIDEN NAME Frances LISTER		
15. WAS DECEASED E	VER IN U.S. ABMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND Father: Rich	ADDRESS hard QUIGLEY	The Endon
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE	J A	as item # 2	INTERVAL BETWEEN ONSET, AND DEATE
Immediate	e cause (a).	my rus one	work for	ale (1794)	20) 0/2 has
Diseases or or giving rise to	nt cause(s) conditions, if any, the above cause nderlying cause last	24 Lucon	patile	ty 1	Index.
II. OTHER SIGNIFI Conditions contribu	CANT CONDITIONS ting to the death but not se or condition causing deat	h.	Beneder 1		
19a. DATE OF OPE	RATION   19b. MAJOR I	FINDINGS OF OPERATION		4	20. AUTOPSY?
A COLDENIA	(Specific) A DEA	CE (Name from fronten)	: (CITY OR	TOWN (COLD	Yes X No 🗆
21. ACCIDENT SUICIDE HOMICIDE	OF INJU				NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCURT	
		e deceased from June 19			
alive on Ju	ne 19 , 19 51 , an	d that death occurred at	ADDRESS from the	e causes and on the date	te stated above. DATE SIGNED
		C, USN U.S. NAVAI			une 20, 1951
DESPOSAL Spec	<sup>1(y)</sup> June 20,	1951 USN Medical	L School	Bethesda, Mary	county) (State)
June 20, 1		SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
206/91	306 300				

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

061	49	/
eg. Dist.	No.	7

/	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MINTGOMERY MARYLAND	STATE Maryland Montgomery
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest town)
OR give nearest flowd Okerica Md (in this place)	OR TOWN Silver Spring
HOSPITAL OR	STREET (If rural, give location)
TATOM TOTAL OF A TOTAL	ADDRESS 704 Gist Ave.
STREET ADDRESS 704 Gist Ave.	104 drso wee.
3. NAME OF (First) (Middle)	P. (Last) 4. DATE (Month) (Day) (Year)
(Type or Print) DealRICE Carrick	RICE DEATH June 7 1951
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH /   9. AGE last birthday   If under I year   If under 24 hrs.
F WIDOWED, DIVORCED, (Specify)	May 19, 1882 80 7 / Wonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	11. BERTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Honewife	Limerick, Seland COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Carrick	Sarah McLaughlin
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
(Var as an unimarra) I (II was give more or deter of	17. INFORMANT AND ADDRESS
no lservice) no	Mr. George C. Rice, 704 Gist Ave.
18. MEDICAL CEI	RTIFICATION Silver Spring, Maryland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Silver Spring Mary Lami Interval Between Onser and Deate
P /) .	l l
Immediate cause (a)_ (rimary (areis	roma of July 2 months
15-EX	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	**************************************
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	/   20. AUTOPSY?
ab. 2051 / //	n -/140n
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	Yes No
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
ma. 10	
22. I hereby certify that I attended the deceased from 19.	, 19.51, to Mund. 7, 19.51, that I last saw the deceased
	K154
alive on MAR 4, 195/, and that death occurred at	ADDRESS. A DRESS and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Theat the buckering m. h.	3611 (man aue 1/10 A. 10/20 DC /7/2
23. BURIAL, CHEMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DEMOVAL (Specific)	(3420)
Burial Great   6/9/51   Cedar Hill Ce	
RECOL	24. FUNERAL DIRECTOR ADDRESS
REGO 1/5/ Trances otter	Carrent Director 8434 Ga. Ave. Silver Spring, Maryland



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## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

06150

Reg. Dist. No. 223 -FOR MEDICAL EXAMINERS 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND of information carefully death clearly and legibly. CITY Of outside corporate livits, write RUBAL and OR give measure town TOWN proporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside (in this place) OR TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 4. DATE (Last) Month) (Day) (Year) DECEASED (Type or Print) COLOR OR RACE DEATH 20 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH 9. AGE last birthday | If under | year | If under 24 hrs | Months | Days | Hours | Min. 4-28-1915 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME HOPEWELL VIRGINIA HMCRICA 14. MOTHER'S MAIDEN NAME FRANK Meltie Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, tive way or dates of 218-01-1955) heconds panitorimm 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 8 Immediate cause cretral lacuelini & hemore Physicians: Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING X CAUSE OF DEATH. INJURY OCCURRE HOW DID INJURA/OCCURS TIME (Month) (Day) (Year) (Hour) While at Not while som most work at work 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry; find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident x, suicide , homicide , undetermined ... SIGNATURE ADDRESS (Degree or title) DATE SIGNED Y OR PRIMATORY

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2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06472

Reg. Dist. No. 216

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY M
CITY (If outside corporate lymits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest tokin)
OR give nearest town C + 40500 (in this place)	OR TOWN Mensing to w
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban	STREET (If rural, give location) ADDRESS 3207 Foyette Rd,
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Winifred Wright	Robertson DEATH June 26 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH  9. AGE last birthday  If under 1 year  Months Days  Houre Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT  COUNTRY?
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Wright	Mary Cullings
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or upknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
No service) Yahroww	Husband. Same
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) acute go stive de	istension due to renous thrombonia.
ADIV.	
Diseases or conditions, if any, (b) MITVAL STEN	osis 4nknown
giving rise to the above cause	Respiratory
(c) Poliomyeliti	s Muscle Weakness 1/4V
II. OTHER SIGNIFICANT CONDITIONS	xeumonis 5 days
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Appr. 1.1.2	2, 19.5., to J. U. M. P. N. 19.5., that I last saw the deceased
alive on June 14., 19. 5, and that death occurred at?	
SIGNATURE (Degree or title)	ADDRESS Chery Chasels Md, DATE SIGNED
Klenere straipe M.O.	6900 WISCONSIN Ave 6-26-57
23. BURIAN CREMATION   DAYE THEREOF   NAME OF CEMETER   BURIAL TRANSIT 6-28-51   Esperence	(Size)
	e Esperence Schenectady N. y
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-27-51 Beauty State of the second	Rollet a CumphelBethesda Md.
- The state of the	· La

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06151

Silver

Spring, Maryland

Reg. Dist. No.....

/					
1. PLACE OF DEATH	1.		2. USUAL RESIDENCE (		
COUNTYMonte	omery	MARYLAND	Maryla		negotie ry
CITY (If outside co	rporate limits, write RUR	AL and LENGTH OF STAY (in this place)		Spring	AL and give nearest town)
HOSPITAL OR			STREET	(If rural, give l	
STREET ADDRES	s 11,126 Old B	Ladensburg Road	ADDRESS 11,126	Old Bladens	sburg Road
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)		atrick Ryan		DEATH	June 27 19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH		If under 1 year   If under 24 ha
Male	White	(Specify) Married	April 7, 1898	53 yrs.	Modells Days House Mile
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Lypustry Restaurant	Boston, Mass.	or foreign country)	12. CITIZEN OF WHA
13. FATHER'S NAM			14. MOTHER'S MAIDEN	INAME	
David J. F			Noah Clifton		
15. WAS DECEASED EN	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT S	ilver Spring	, Maryland
yes	ervice) I day	01	Mrs. Kathleen	Ryan 11,126	Old Bladensburg
		18. MEDICAL CE	RTIFICATION		Rd
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEE ONSET AND DEAT
	()	Esthuria de	e te cart	.0.4	Frank
372   Immediate	cause (#)		`		
	t cause(s)	1 should pa	ung		dead in
giving rise to	the ahove cause	1/			auto -
100	nderlying cause last (c)	V			garage
11. OTHER SIGNIFI Conditions contribu related to the disease	CANT CONDITIONS ting to the death but not se or condition causing dear	th.	1		10
19a. DATE OF OPE	RATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗸
21. EXTERNAL CAUPRIMARY OR CO	NTRIBUTING   OF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (	COUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CUR?	
OF INJURY	m.	While at Not while work at work	hose extending	from exhau	of Them carumdo
				V . 1000 - 11	army t
22. I certify that I	took charge of the remo	iins described above, held an A r Inquiry, find that said dece	ased died on the day state	ed above und doubt	eon and from the evidence
from: natural	causes \(\pi\). accident \(\pi\)	, suicide X, homicide ,	undetermined .		
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
9	1/2 0	inil ela	TI. 0	n D	1 2-1-
- January	y northan	+ // · · · · · · · · · · · · ·	RY OR CREMATORY	I OCATION (CIA	(State)
Burial, CREM Burial (Spro	TION   DATE THERE			LOCATION (City, tov	
The state of the s		1951 St. John's		Montgomery	
DATE REC'D BY	010	SIGNATURE	24. FUNERAL DIRECT	OR 9/3/ Coons	ADDRESS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
comon maryland maryland	ST Maryland Montgomery
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN give nessest town Chase 15 yrs.	TOWN Chevy Chase
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 605 Rolling Rd.	ADDRESS 605 Rolling Rd.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type of Print) McCLEAREY HOBBS SANI	BORN Sr. DEATH Zune 2, 19 5
LC COLOR OF PACE 17 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year   If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year Hours Min. 18Feb. 1893 58 yrs. 11 under 1 year Hours Min.
102 USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY RATE FINGUEST Plants	ation Kansas Copyray?
Ret Engineer-Mechanical Sugar Plants	14. MOTHER'S MAIDEN NAME
	Cora B. McClearey
Thornton F. Sanborn	17. INFORMANT AND ADDRESS
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, po, or unknown)   (If yes, give war or dates of None	
NO Iservice)	Rosa P. Sanborn-Same as Item #2
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
$\alpha$	1011 2 - 35
Immediate cause (a) tener	sleft ear 25 yrs
.001	6 - 1
199   Antecedent cause(s)	ral metastas
Diseases or conditions, if any, (b) giving rise to the above cause	······································
5 3 stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No P
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	I NOW DID INJURY OCCUR?
OF While at Not While	
144044	
an I have by contify that I attended the decoured from 5 - 3.	19.3.7, to 6
alive on 4-2- 1955 and that death occurred at	20.30/m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 2 200	Bethera had 6-3-1
1. Juga mi	Q. Betherda, had 6-3-1-1
1. Juga mi	Rethera, had 6-3-1-1 ERY OR CREMATORY LOCATION (City, town, or county) (State)
1. Juga mi	Rethera, had 6-3-1-/ ERY OR CREMATORY LOCATION (City, town, or county) Suitland. Maryland
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE CREMOVAL (Specify)  Cremation  24. 51 Cedar Hil	Rethera had 6-3-1"  ERY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE CREMOVAL (Specify)  CREMOVAL (Specify)  CREMOVAL (Specify)  CREMOVAL (Specify)  CREMOVAL (Specify)  CREMOVAL (Specify)  CREMOVAL (Specify)	Rethera, had 6-3-1-/ ERY OR CREMATORY LOCATION (City, town, or county) Suitland. Maryland

BUREAU V. S.
BUREAU V. S.

## CERTIFICATE OF DEATH

COL	FOR MEDICAL EXAMINERS Reg. Dist	No. 216
carefully. The	1. PLACE OF DEATH- COUNTY  MARYLAND  CITY (If outside corporate limits, write HURAL and OR give nearest Gwn)  HOSPITAL OR INSTITUTION OR STREET ADDRESS 6707  TOWN  1. PLACE OF DEATH- COUNTY  MARYLAND  LENGTII OF STAY (in this place) OR TOWN  STREET ADDRESS 6707  TOWN  STREET ADDRESS 6707  ADDRESS 6707  TOWN  STREET ADDRESS 6707  TOWN  STREET ADDRESS 6707  TOWN  TO	
Supply every item of information carefully write the causes of death clearly and legibly.	3. NAME OF DECEASED (First) (Middle) (Last) (Last) (Month) OF DECEASED (Type or Print) (Type or Print) (Saul DEATH DEATH (SEX) (SEX) (S. COLOR OR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE last birthody   11 ur	the Ban Hours Mi
NFADING INK. Physicians: please	18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Jhorasic Lemonhay die  7.6 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 16 4 e stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	INTERVAL BETWEE ONSET AND DEAT
0.000	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street, OF office bidgete.)   OF o	ty. mf
PLEASE WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   thereon a obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in from: natural causes   accident   suicide   nomicide   undetermined   ADDRESS    23. BURIAL. CREMATION   DAVE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City town, or REMOVAL (Specify)   6/25/51   Fort Lincoln   Washington    DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24 FUNERAL DIRECTOR	DATE SIGNED

The correct age

MARGIN RESERVED FOR BINDING

S'A NVISITA

OSTA 1861 88 NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06154

### CERTIFICATE OF DEATH

Reg. Dist. No. 213-

COUNTY	STATE COUNTY
MONT GOMERY MARYLAND	MARYLAND MANT GOVERNI
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN THE DATA PART 3 (in this place)	TOWN ASA GREENAUISO SEE DO
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS // PHILADEL PHIA AUE	ADDRESS TAK OMA PARK
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) hus, fila Scat	terday DEATH CONE 14 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DEVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs. Montha Days Hours Min.
TEMPLE NHITE (Specify) WIDMONED	1709 at, 18/1 /a yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE HOME	NECSONVILLE DHO USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. ALDRIDGE WORLEY	ADALINE REEDER
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16/SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
No service) NONE	MRS. HELEN Mª CLELLAN TAK. PK. MD.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	a 20 days
1-09 V Antocodent course(s)	7-11014
MAntecedent cause(s) Diseases or conditions, If any, (b)	reparely Suddents
giving rise to the above cause	
131 de stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m.   While at   Not While   Work   At work	
1	A
22. I hereby certify that I attended the deceased from hung 2	S, 19.5.1., to
alive on 14, 19.5., and that death occurred at 1	11: C.S. C. m. From the courses and on the date state 1-1
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
5/ 7/1	911 54 4 10
They MA	washyter 12 N.C JUN 14 1951
REMOVAL (Specify)	CRY OR CREMATORY (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE ()	24. FUNERAL DIRECTOR ADDRESS
REG.	D. L. L. O. C. ADDRESS
6/13/31 V. Man 1000	Talel a. Otemporey Buthlode:
	1. 1 - mal



2411 N. Charles Street, Baltimore

06155

## CERTIFICATE OF DEATH

Reg. Dist. No. 223

/	
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MARYLAND	District of Columbia
CITY (If outside conforate limits) write RURAL and LENGTH OF STAY OR give parest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN Takoma Park 2 mon 7 day.	TOWN Washing Ton DC
HOSPITAL OR	II STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Washing Ton Sant Toring and Hazari	ADDRESS 5700 16 3 ST. N.W
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED No. 1	OF
(Type or Print) (C.S. A.S. 16. COLOR OR RACE   7. SINGLE, MARRIED,	DEATH   DEATH   19. AGE last birthday   If under 1 year   If under 24 hrs.
widowed, divorced,	Montha   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of, Business or	11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired)   INDUSTRY /	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	A V
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Anna Acnzoian
(Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
leervice)	Hospital records
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
11	race and since Manage 111m.
Immediate cause (a)	Japan Caldena 14 14
Antecedent cause(s)	2 /1/10 lan -
ADiseases or conditions, if any, (b)	L / Mys Clark
giving rise to the above cause stating the underlying cause last	Maria Parish + T
46 e (c) Capenaux	will teleg C Milacloria
H. OTHER SIGNIFICANT CONDITIONS	11 11
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?
Quanto to Consens of Chance	melication
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	Yes No COUNTY (STATE)
BUICIDE OF office bidg, etc.)	(OIII ON IOWA) (OUDAII) (SIRIE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	NOW DID INJURY OCCUR?
INJURY m.   Work   At work	
as I I I will that I attended the decored from the	1957, to keene 195, that I last saw the deceased
22. I hereby certify that I attended the deceased from	, 19, to the deceased
alive on June /6., 19.5/., and that death occurred at	4. C. m. from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS . DATE SIGNED
orvin J. B. Clar To D	1/2 - Ku U / / / Kushayin 1 (1) 1981
Heliam of wo. Inf.	18 12-14 XI // Charles 201 2
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial of his N. Camer	olu Maus. Mr. Deorgeo Co. Ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-11-31 Julian poda	The D. H. House Co. 1701-148144
	Washington DC

PEEASE WRITE PLAINLY, WIFH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. Ala



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

06156

Reg. Dist. No. 2/4

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MONTGOMERY MARYLAND	STATE Md , COUNT	Montgomes
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town). (in this place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
OR give nearest town) Si (UCR Shire 3 m 05.	TOWN SILVER SPRING	
HOSPITAL OR	STREET (If ryral, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS 2220 - Washingan A	4,
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print)	Shapiko DEATH JUNG	4 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthday   11 unde	1 year   If under 24 hrs.
(Specify) MARINA	23 und 1881 70 yrs. Months	Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
YALE	SALA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no, or unknown) (If year, give war or dates of service)	17. INFORMANT Wife Leve Shop	100
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
0 1	Carl	ONSEL AND DEATH
Immediate cause (a) Kespikatika	+BILLY EX	3WK9
420. / Antecedent cause(s)		
Na a a l 3 a l	earl and and	10 15
Diseases or conditions, if any, (b)	D>	20.4
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	thrieny, chant	25479
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 3.1.Dec	1957 to 4 Day 1957, that I last	saw the deceased
alive on 4 Jan., 19.5.1., and that death occurred at	WW.SFm., from the causes and on the date s	tated above. DATE SIGNED
matter Gerson le Mr. 20 108-	F. Melhouen Bry - Silver So 4	1 4 D. 'N.
23. BURIAL, CREMATION DATE REMOVAL (Specify) DATE (5/5/1 King Solom	RY OR CREMATORY LOCATION (City, town, of course	(State)
DATE DECED BY LOCAL L DECISTRAD'S SIGNATURE //	24. FUNERAL DIRECTOR	ADDRESS
REG. 6 3 51 Frances ( )	13 Damansly of Son	3501- Wel
- / / · · · · · · · · · · · · · · · · ·	1 1000	0.1 22 (1)
5-1e-2050000000000	075868.	SX . 17.00.

BUREAU V. S.

2411 N. Charles Street, Baltimore

06157

## CERTIFICATE OF DEATH

Reg. Dist. No. 216

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND MARYLAND	Manland Mon	Jones
CITY (If outside corporate limits, write RURA), and LENGTH OF STAY (in this place)	CITY (It outside comporate limits, write RURAL and giv OR TOWN	e nearest town
HOSPITAL OR	STREET ([If rural, give location)	
INSTITUTION OR STREET ADDRESS 8600 Old Tengolson Bd.	ADDRESS 30 2 M de Cuthy S	Blod.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Charles	Shaw DEATH June	7 1951
6. COLON OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLIAM	S. DATE OF BIRTH 9. AGE last birthday If under Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	AL BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
Air Cond. Engineer Army Map Service	della throng the.	COUNTRY
U.S.Gov't.	MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(VesVoo er unknown) [ (I ves, give war or dates of ]	Ruth V. Shaw- Same as item	#2
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
P	ED.,	2 mos?
Immediate cause (a)	Cdema	J mos.
420, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	l Infarction	• 40 for 60 to a contrar o contrar con socios appr
940 stating the underlying cause last (c)	0	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes П No П
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) - (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work	The state of the s	1000
22. I hereby certify that I attended the deceased from april	1 10 5/ to 17 7 105/ that I lead as	and the descend
	"AL	1472
alive on	ADDRESS	ated above. DATE SIGNED
William M. Gadol M. P 801	6 Old Georgetown Rd Beth. 1.	Bel 6/7/51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER   REMOVAL (Specify)   10 June1951   Rose Hill		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Cemetery Clearspring, Mar	ADDRESS
REG. 6-7-51 Desse m Shompson	Robert Manches Bethe	
	1	1000

Med. examiner notified and approved.

William N. Gadol - MD

## CERTIFICATE OF DEATH

06158

1	FOR MEDICA	L EXAMINERS	-0	g. Dist. No.	218
	COUNTY 9000 MARYLAND	PHATO LESIDENCE (R	ed , I	nelgi	nuly
	OR TOWN The part own place)	TOWN Herm	anlow	M	e nearest town
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural, giv	re location)	
	3. NAME OF DECEASED (First) (Middle) Summer (Type or Print)	(Last)	4. DATE OF DEATH	(Month)	(Day) (Year)
	TOLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  10a. UJUAL OCUPATION (Give kind of work)  10b. Kind of Business or	18. DATH OF BIRTH	62 /	rs. Months	Days   Hours   Min
	dae uring rest suriche bir even if retired)  13. FATHER'S NAME	M MOTHER'S MAIDEN	r foreign duntry	12.	ONTIS . A
	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	ONE VI	olare	L	
	(Yes, no or unknown) (If yes, give war or dates of	Dadie	Mase	9	
	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		II ja ja		INTERVAL BETWEE
	Immediate cause (a) Thorasic her		due.	to	Sudley
1	8/2,5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	st (st)	3 amagan on africano e en es es es en e s es es	***************************************	
	170 C stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION				20, AUTOPSY?
					Yes No
	PRIMARY ☐ OR CONTRIBUTING → OF office big., etc.)  CAUSE OF DEATH.	Germanton	R.J. J.	(COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not white work at work	HOW DID INJURY OC		/	
	22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes , accident , suicide , homicide	reased died on the day state , undetermined .	d above, and dead	hereon and jath in my	from the evidence opinion resulted
	SICNATURE (Degree or title)	ADDRESS			DATE SIGNED
	SIGNATURE (Degree or title)	Switherh	me me	0. (	DATE SIGNED
	SIGNATURE (Degree or title)	Gaitherh	Wood R	lown, or count,	5-25-57

RECEIVED

JUL 1 1951

BUREAU V. S.

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06159

Reg. Dist. No. 2/6

COUNT	Montgo	mery	MARYLAND	2. USUAL RESIDENCE (H	ome) of decease	MONTgomery
TOWN	outside corporate lingive pearest town) NOTTH Ch	evy Chas	(In this piace)	CITY (If outside corpora OR North Ch	evy Chase	L and give nearest town)
HOSPIT, INSTIT STREET		5 LeVell	e Drive	STREET ADDRESS 25 Le	Velle Dri	
3. NAME (DECEAS (Type or	SED ?	Piret)	(Middle)	Slo2N	4. DATE OMO	onth) (Day) (Year)
5. SEX Mal	le W	hite	7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) Married			If under I year   If under 24 hrs   Months   Days   Hours   Min.
done durin	L OCCUPATION (GI	ve kind of work	10h. KIND OF BUSINESS OR INDUSTRY	Conn.		12. CITIZEN OF WHAT COUNTRY! USA
13. FATHE	ER'S NAME		Soyd Sloan	14. MOTHER'S MAIDEN	izabeth Ha	atch
Yes, ny er	BCRASED EVER IN U.S. Hokoown) (If yes, gives Service)	ARMED FORCES?	None	Margaret H.	Sloan	
			18. MEDICAL CE	RTIFICATION		
I. DISEAS	ES OR CONDITION		EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
1	mmediate cause	(a) CV	elaifie Vale	rular avortri	Stews	is suddies
1101 1			0		**************************************	dut
	Intecedent cause (a Diseases or conditions, i					eccork
g	iving rise to the above tating the underlying co	cause			######################################	0000000 000000000000000000000000000000
Conditio	SIGNIFICANT CO	death but not				
			NDINGS OF OPERATION			20. AUTOPSY?
						Yes 🔀 No 🖸
PRIMARY CAUSE O	RNAL CAUSE WAS Y OR CONTRIBUT OF DEATH.	ING   PLACE	E (Home, farm, factory, street, office hidg., etc.)	(CITY OR T	OWN) (C	COUNTY) (STATE)
TIME OF INJUR	(Month) (Day) (Y Y	1	NJURY OCCURRED While at Not while work  at work	HOW DID INJURY OCC	UR?	
22. I cert	ify that I taak char	ge of the remain	s described above, held an A	Autopsy X. Inspection	Inquiry [ ] there	ean and from the evidence
aoinin	ned by said Autopsy	, Inspection ar	Inquiry, find that said dece	ased died on the dry stated	l above, and death	in my apinion resulted
SICNA	ATURE	, accident,	suicide , hamicide , (Degree or title)	ADDRESS		DATE SIGNED
DIUM	1	1	1 -0 00	11. 7	n d	
310.17	4	Hd				1 .04 .01
	L CREMATION I	DATE THEREOR	NAME OF CEMETE	RY OR CREMATORY LI	OCATION (City town	6-17-51
23. BURIA REMO	remartida	DATE THEREOF 6/18/51	.   Cedar Hil	ll Crematory S		n, or county) (State) Maryland
23. BURIA REMO	remartida	DATE THEREOF 6/18/51 REGISTRAR'S SI	.   Cedar Hil		urtland,	n, or county) (State)
23. BURIA REMO	remartida	6/18/51 REGISTRAR'S SI	Cedar Hil	ll Crematory S	urtland,	n, or county) (State) Maryland ADDRESS

BUREAU V. S.

1961 OS NOT

DECENTED

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

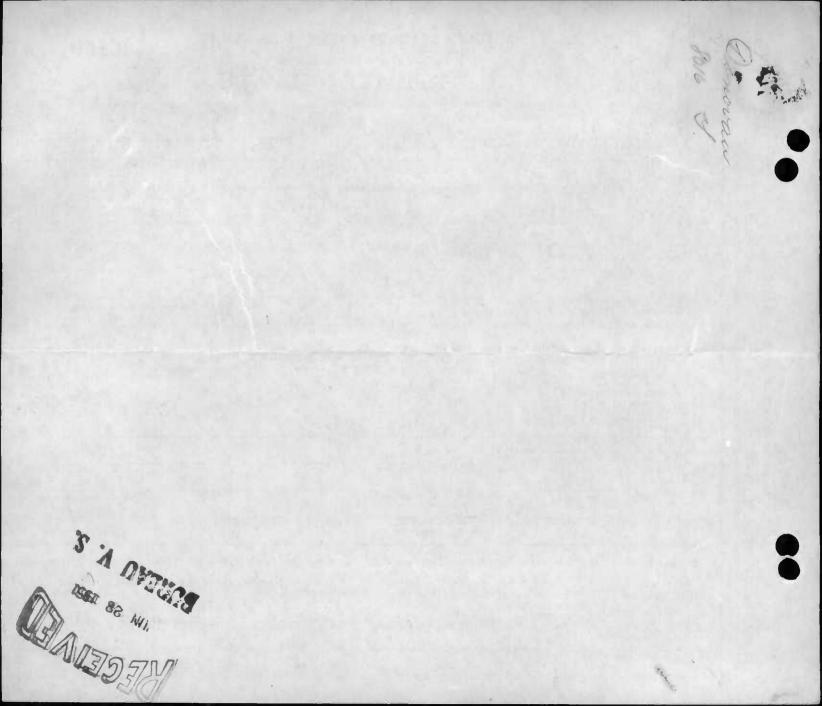
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06160

Reg. Dist. No....

L.PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	STATE Manyland Mont comercy
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) Dettesda (in this place)	TOWN Bethesda
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS DILURCHAN Hospital	ADDRESS 5501 Huntington Phury.
3. NAME OF (First) (Middle)	(Last) . 4. DATE (Month) (Day) (Year)
(Type or Print) Thongs Earl	Smith DEATH June 24 1951
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work of the done during most of working life, even if retired)  10s. USUAL OCCUPATION (Give kind of work of the life of the li	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT  13. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Beorge Smith	Rhoda Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of 577-05-8510	H. Doris Smith # 2-
18. MEDICAL CE	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Cerefial hen	nonlage-massue 5hr-
33/X Antecedent cause (s)	10
Diseases or conditions, if any. (b)	~ (6 grs -
giving rise to the above cause stating the underlying cause last	A .
(c) old I. hem	pliaia 3 ms
11. OTHER SIGNIFICANT CONDITIONS	7
Conditions contributing to the death hut not related to the disease or condition causing death.	
192. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At rock	
22. I hereby certify that I attended the deceased from	
alive on	373 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
de Donne mo 8	016 Geneta Col (Std 6/25/5)
BEMOVAI (Specify)	RY OR CREMATORY LOCATION (City, town or county)  Suitland, Md.
Burian (Specify) 6/27/51 Cedar Hil	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. PINERA DE ECZOR ADDRESS
REG. 6/36/5/ (Bessie on thompson!	Tober G. Cumpkry, Bethesda, Md.



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

()6161 Plet No. 215

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. District of Columbia COUNTY STATE MARYLAND Montgomery CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town Bethesda, Rural (in this place) TOWN Washington HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS U. S. Naval Hospital 2614 Woodley Place, N.W. 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED SMITH George Leonard June 14. 1951 DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 9. AGE last birthday | If under I year | If under 24 hrs. 8. DATE OF BIRTH Months | Days Hours | Min. Male White Aug. 30.1876 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired) INDUSTRY COUNTRY? New Hampshire 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Arabella DOW Charles E. SMITH 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or date of SIII) Wife: Braden "Bradie" SMITH 18. MEDICAL CERTIFICATION Same as item # 2 INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH CARCINOMA OF CECUM WITH METASTASES Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) SUICIDE office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work 22. I hereby certify that I attended the deceased from May 2 19.51, to June 14, 19.51, that I last saw the deceased 4:13 P m., from the causes and on the date stated above. June 14, 19.51, and that death occurred at alive on. (Degree or title) SIGNATURE Y DATE SIGNED June 15, 1951 U.S. NAVAL HOSPITAL, BETHESDA, MD. A. FLORENCE , CDR, MC, USN 23. BURIAL, CREMATION | DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) June 18, 1951 Arlington National Arlington, Virginia DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Jos. Gawler's Sons, 1756 Pennsylvania Hune 15, 1951 Avenue, NW, Washington, D. C.



BUREAU V. S.

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06162

Reg. Dist. No....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	STATE
Montgomery MARYLAND	Virginia
OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Takoma Park (in this place)	TOWN Arlangton
	STREET (If rural, give location)
HOSPITAL OR INSTITUTION OR	ADDRESS
STREET ADDRESS Washington Sanitarium	23/3 No. Quentico St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED TI	OF
(Type or Print) Elizabeth Smi	Though   DEATH 6 - 5 195 /
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 hrs.
Jemale white (Specify) wisow	11-24-76 74 yrs. Months Days Hours Min.
10d. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	COUNTRY?
house with a retired	north coroling Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unk.	Cindra Fatnas
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
(Yes, no, or unknown) [ (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Mrs Howard Falls church 8663
18. MEDICAL CEI	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Political . A.	A
Immediate cause (a) Veroc person	
may be for	/
Antecedent cause(s)	Tour S.
Diseases or conditions, if any, (b)	- Cucha
giving rise to the above cause	איניטים ויי
56 a stating the underlying cause last	- I was A wall I wall
(c) granuter city to	and more of the officer
11. OTHER SIGNIFICANT CONDITIONS	1/4
Conditions contributing to the death but not related to the disease or condition causing death.	U True of Marin
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
158. DATE OF OPERATION 150. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
My 2), 51 1. Int. obstruction of	velo signif america Yes P No 17
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE Office bldg., etc.)	(=====,
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
Λ.	
22. I hereby certify that I attended the deceased from May 20	1057 to 1067 that I last now the down !
22. I hereby termy that I attended the deceased from	, 13, to., that I last saw the deceased
alive on 5 1957, and that death occurred at 3	
SIGNATURIAN (Degree or title)	
Degree of side)	ADDRESS DATE SIGNED
INT Form MH Taken	4. h 111d 6-6-57
villa I I I I I I I I I I I I I I I I I I	aut 104
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR OREMATORY LOGATION (City, town, o county), (State)
Removal (specify)	Deding 11/1/Cenglon 1/2
DATE REC'D BY LOCAL   REGISTRARS SIGNATURE	24. EUNERAL DIRECTOR . ADDRESS
REG.	24. EUNERAL DIRECTOR ADDRESS
10 6-21 1 - 11/WIN COUNT	X-04. 11000 0/0 2901-14 1111

The correct age PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

### CERTIFICATE OF DEATH

Silver Spring, Md.

1. PLACE OF DEAT	rH•		2. USUAL RESIDENCE (	HOME) OF DECEA	SED.	
COUNTY Mon	tgomery	MARYLAND	STATE Marylan	id h	of Than	erv
CITY (If outside OR givo peare TOWN San	corporate limits, write RUR.		CITY (If outside corpor OR TOWN Sandy S	ate limits, write RUI	40	
HOSPITAL OR INSTITUTION O STREET ADDR	OR		STREET ADDRESS	(If rural, give	location)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF .	Month)	(Day) (Year)
(Type or Print)	Harry S. S		8. DATE OF BIRTH		une 3,	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	July 23, 1877	73 yrs	Months	Days   Hours   Min.
done during most of	PATION (Give kind of work working life, even if retired)		Maryland	or foreign country)	12	CITIZEN OF WHAT
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME		
Thomas 1	Howard Stansbur	v	Elizabeth Ha	11		
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 1/2	Venely	Dollow
(Yes, no, or unknown	(Ii yes, give war or dates ( service)	none	Sandy Spring, M	aryland	venerm	Derram
		18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEATH
		1100000				71.
Immedia	ate cause (a)	Grania				- agys
Diseases of	ent cause(s) r conditions, if any, (b)	Chronic In	terstitus he	whites		400
3/a giving rise stating the	to the above cause underlying cause last (c)	Zan 20. l.	arte: so	philes		4
Conditions contri	FICANT CONDITIONS buting to the death but not ease or condition causing deat	ih.		0000		
		FINDINGS OF OPERATION				20. AUTOPSY?
	4					Yes   No de
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	rown)	(COUNTY)	(STATE)
TIME (Month		INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	c m,	While at Not While Work At work	c	•		
22. I hereby cer	rtify that I attended th	e deceased from [5]	, 19.50, to 6 3	195/, tha	t I last s	aw the deceased
alive on.	1-0-	d that death occurred at.	5. 20 Pm. from the			
SIGNATURE	KM3	(Degree or title)	Sanly 8	their ,	32/	DATE SIGNED
23. BURIAL, CRE REMOVAL (Sp BURIAL	MATION DATE THERE	OF NAME OF CEMETE Druid Ridge		LOCATION (City, to Baltimore		(State)
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO		Julioy	ADDRESS
DEC A	-57 Seelin	de B Lande	tla. (/ 1) /	8434 Ga.	Ave.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

BUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFIC	ATE OF DEATH	Reg. Dist. No. 217
I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME)	COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  MARYLAND  LENGTH OF (in this pla	ice) [] Or	ts, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTONOS CO. GON	Ho:	(If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. I	ATE (Month) (Day) (Year)
(Type or Print)  6. COLOR OR RACE  7. SINGLE, MARRIEI WIDOWED, DIVORO	D. S. DATE OF BIRTH 9. AG	E last hirthday   If under I year   If under 24 hrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	SS OR   11. BIRTHPLACE (State or foreig	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	d 4.5.A.
15. WAS DECRASED EVER IN U.S. ARMED CORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No. 17. INFORMANT AND ADDITUMENT STEVENSON	Baichers buce md.
	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	And 5	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) burne	- Hyperchiles	100000000000000000000000000000000000000
422, 2 Antecedent cause(s)  Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	2 V	£
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERAT	TON	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bldg., etc.) HOMICIDE INJURY		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	How DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from . 5/		19J/, that I last saw the deceased
alive on	d at 8:35 p.m., from the cause	s and on the date stated above.  DATE SIGNED
ANDeed M.D.	Hamfythi	7 6/17/57
23. BURNAL, CREMATION DATE THEREOF MISTNAME OF CE	ion million	ON (City town, or county) (State) /
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. L-20-57 Serbrude B Law	24 DONE AL DIRECTOR	Snowden ADDRESS
		Tockulleng

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

3 1 DETAINST

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2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

eg. Dist. No. 2/3

0/						
9	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
4	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery				
5.	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)				
120	TOWN givo nearest town) Rockville (in this place)	TOWN Rockville				
eg	HOSPITAL OR	STREET (If rural, give location)				
n ce	INSTITUTION OR 203 England Terrace	STREET (If rural, give location) ADDRESS 203 England Terrace				
y a	3. NAME OF (First) (Middle) DECEASED C	(Last) 4. DATE (Month) (Day) (Year)				
arl	(Type or Print) D. ALICE	Suddath   DEATH Jule 1/ 19 51				
of information carefully death clearly and legibly.	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year   If under 24 hrs.   2-23-1905   45 6 yrs.   Months   Dags   Hours   Min.				
at a	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT				
de	done during most of working life, even if retired) INDUSTRY	COIDTRY? TYO A				
every item	HOUSEWITE XX  13. FATHER'S NAME	Montgomery County, Md. USA				
y i	Francis E. Davis	Lulu H. Hager				
cau	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS LUCIN &				
y er	(Yes, no or unknown) (If yes, give war or dates of 219-12-6520	William E. Suddath-husband-Same as /				
ply e ti	18. MEDICAL CE					
Suppl	INTERVAL BETWEE  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONER AND DEAT					
K.	Immediate cause (a) Carunosoma afuttuing closery, with 1/2 years					
INK	171X Introduct course(s)	P -				
Ch ::	Discusses of Conditions, it says (D)	Masters,				
Zug	giving rise to the above cause  #80 stating the underlying cause last					
Jie:	are underlying cause last					
PA	II. OTHER SIGNIFICANT CONDITIONS					
UNFADING	Conditions contributing to the death but not related to the disease or condition causing death.					
T tal	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
WITH	July 1950 - Booksy, followed by ha	dialery (Dr. arch Riddisk ) Yes I No IV				
H a	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.)	(CITY OR TOWN) (COUNTY) (STATE)				
T.E	HOMICIDE   INJURY					
경취	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at No While	HOW DID INJURY OCCUR?				
Z-g	INJURY m. Work At work					
LAINLY, WITH U especially important.	The Three of the test of the t	10 (FM) Mary 10 10 51 11 11 11				
PLAINLY is especially	22. I hereby certify that I attended the deceased from warsh.					
	alive on Smal 17, 1951, and that death occurred at	2 P. m. from the causes and on the date stated above.				
H	SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED				
WRITE	Wing fuitheren m.D.	Rochvelle, Jud. June 17, 1951.				
	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)				
ASE	TOTAL STREET	120				
EA	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	ve Methodist Montgomery Maryland				
P.	REG.	Koult a Lumbureu Bethesda, Md				
	6-19-51 Okelen a - assinfalder	TIME WOUNT OF FUNDANDING				

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BUREAU V. S.
BUREAU V. S.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06166

#### CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Maryland Maryland	STATE Mary and County Montgomery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neafest town)
OR give nearest town) TOWN A Roma Park 3 days	TOWN Silver Spring
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Washington San. + Hospital	ADDRESS 7 PORK Valley Road
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Alice Lee	Summers OF DEATH 6 1/ 1951
E CEY LE COLOR OF PACE LE SINCLE MARRIED	8. DATE OF BIRTH   9. AGE last birthday   If under I year   If under 24 hrs.
Female White Specify Single	9-24-34 16 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Mary and Country US A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William J. Summers	Geraldine C. Holbert
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	William Summers, 7 Park Dolley Rd. Ss. Md.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) le ere bral	Kenonlinge Thous
(07.0	1.1. M /
Antecedent cause(s) Diseases or conditions, if any, (b) acute deve	I hatre Noukeman Bruske
7H a giving rise to the above cause	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
THE DIAGRANGE OF CONTRACTOR OF	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.)	(OUT TO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	100 22 1000
22. I hereby certify that I attended the deceased from May 2	1, 1951, to leave 1/1, 1951, that I last saw the deceased
	ADDRESS DATE SIGNED
SIGNATURE (May (Degree or title)	ADDRESS DATE SIGNED
Audustrus. 183	3- monroe of n & 1/1/5-1
23. BURIAL, CREMATION Y DATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial (Specify) 6/14/51 () Rock Creek (	Cemetery Washington, D. C.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG13-51 8-1/1000 N 300	Uprner & Tumphy 8434 Georgia Ave.
——————————————————————————————————————	/ Cilver Spring, Md.



2411 N. Charles Street, Baltimore

06167

### CERTIFICATE OF DEATH

Reg. Dist. No. 223

COUNTY			CTRYS A PROXES	HOME) OF DECEASED	UNTY
Mont	gomery	MARYLAND	Maryland Montgomery		
OR give nearest TOWN TAKOH	orporate limits, write RURA	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring		
HOSPITAL OR INSTITUTION OF STREET ADDRE	R	& Hospital	STREET ADDRESS 632	(If rural, give locati Ritchie Ave.	ion)
3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) T.	(Last) Van Horn	4. DATE (Month	, (==0)
s. sex Female	& COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIED	8. DATE OF BIRTH 2/11/1899	52 yrs. M	under 1 year   If under 24 hrs. onths.   Days   Hours   Min.
	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business or Industry Own home	Washington. D.	C.	12. CITIZEN OF WHAT COUNTRY?
George S.	Weber		Anne T. Murph	ny	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	16. Social Security No.	Mrs. Elsie O'Ro		e Ave.
	onditions directly	LEADING TO DEATH		Silver Spr lortre Stenese	ONSET AND DEATH
Immediat	nt cause(s)	heumatic heart de utral Stenorio and	Insufficiency	क्षण : ज्यांत्र के किया व जावंत्र व कार सम्बद्धातात्व के व व व व व व व व व व व व व व व व व व	known at Karsp 30 days
giving rise t	conditions, if any, (b) to the above cause underlying cause last		U		- 20 days
Conditions contributed to the dises	ICANT CONDITIONS uting to the death hut not use or condition causing deat				
19a. DATE OF OPE	RATION   19b. MAJOR F	INDINGS OF OPERATION		2	20. AUTOPSY?
hone		14.45			Yes 🗆 No 🗗
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COU	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
Α		e deceased from June !	_ /		
alive on	4/6 , 195/, an	d that death occurred at	ADDRESS ALCOMA		DATE SIGNED
aaron t	ATION   DATE	m.D.	Lilver	LOCATION (City, town, or	June 17, 1451.
23. BURIAL, CREM REMOVAL (Special	city) 6/20/5x	Cedar Hill (	Cemetery	Prince George	County Md.
DEC / LO	LOCAL REGISTRARS	m Word	Warner to June	or July 8434 Ga. Av	ADDRESS
	U		V	Silver Spri	ng, Maryland

BUREAU V. S.

1861 SS NUL

DECENTED

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06168

Reg. Dist. No. 216

1. PLACE OF DEATH- COUNTY Montgomery				
COUNTY		2. USUAL RESIDENCE (I		
	MARYLAND	STATE Maryla	nd Montgo	Herv
CITY (If outside corporate limits, write RURAL		CITY (If outside corpora	te limits, write RURAL and	give nearest town)
OR give negreet town)	(in this piace)	Town Potoma		2.10 200.000 00.127
HOSPITAL OR		STREET	(If rural, give location)	
INSTITUTION OR	. **	ADDRESS		
STREET ADDRESS Pine View R			View Rest Ho	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Maud	Gettv	Walsh	DEATH June	llth 151
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE iast birthday   If und	ler 1 year   If under 24 hrs.
Female   White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) VICTOWED	6 10 1862	89 yrs. Mot	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 1	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
	NDUSTRY	Machineto	n D C	COUNTRY? USA
Housewife 1	XXXX	Washingto	NAME	
George W. G	ettv		beth Stevenso	on
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1		17. INFORMANT	Been Beerense	744
(Yes, no, or unknown)   (If yes, give war or dates of			Walsh-Portlar	d Orogon
No laervice)	None		Walsii-I OI Clai	id, oregon
	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH			ONSET AND DEATH
D.	1			
Immediate cause (a)	umu calo	lu treart	duran	
1911/				
21.4 Antecedent cause(s) Diseases or conditions, if any, (b)	usic Jala George arch	anti- o Terre	4.6.1	1 2/ 2/as
giving rise to the above cause		///		
92d stating the underlying cause last		/4		
(c)		1		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.				
	DINGS OF OPERATION			20. AUTOPSY?
19a. DATE OF OPERATION   19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
19a. DATE OF OPERATION   19b. MAJOR FIN	(Home, farm, factory, street,	(CITY OR	rown) (Count	Yes No 🛣
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS   PLACE PRIMARY   OR CONTRIBUTING   OF	(Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (coun	Yes No 26
19a. DATE OF OPERATION   19b. MAJOR FIN 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	(Home, farm, factory, street, office bldg., etc.)	(CITY OR '		Yes No 🛣
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED This at Not while			Yes No 🛣
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   1   1   1   1   1   1   1   1   1	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED			Yes No 🛣
19a. DATE OF OPERATION   19b. MAJOR FINE   21. EXTERNAL CAUSE WAS   PLACE   PRIMARY   OR CONTRIBUTING   OF   CAUSE OF DEATH.   INJURY   IN	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED This at Not while work  at work	HOW DID INJURY OC	CUR7	Yes No K
19a. DATE OF OPERATION   19b. MAJOR FINE   21. EXTERNAL CAUSE WAS   PLACE   PRIMARY   OR CONTRIBUTING   OF   CAUSE OF DEATH.   INJURY   IN	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED This at Not while work  at work	HOW DID INJURY OC	CUR7	Yes No K
19a. DATE OF OPERATION   19b. MAJOR FINE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   11   12   13   13   14   15   15   15   15   15   15   15	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not while work □ al work □ s described above, held an A nquiry, find that said decee suicide □, homicide □,	HOW DID INJURY OC	CUR7	Yes No K  TY) (STATE)  and from the evidence by opinion resulted
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING DISTRIBUTING INJURY  TIME (Month) (Day) (Year) (Hour)   1 or   1 or	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not while work at work at work at work at a work and an Anquiry, find that said december of the said	HOW DID INJURY OC	CUR7	Yes No K
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   11 OF INJURY  22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes R, aecident ,	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not while work □ al work □ s described above, held an A nquiry, find that said decee suicide □, homicide □,	utopsy , Inspection assed died on the day state undetermined .	CUR7	Yes No K  TY) (STATE)  and from the evidence by opinion resulted
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY   OR CONTRIBUTING   OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   INJURY  22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes   accident   , SIGNATURE	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED This at Not while work al work all work all work all work and an Anquiry, find that said deceasuicide , homicide , (Degree or titie)	utopsy , Inspection of the last died on the day state undetermined . Address	CURI   , Inquiry   thereon and dabove, and death in n	Yes No ECTY) (STATE)  Ind from the evidence by opinion resulted  DATE SIGNED
19a. DATE OF OPERATION 19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF OF DEATH.  TIME (Month) (Day) (Year) (Hour) II OF INJURY  22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes , accident , SIGNATURE  23. BURTAL, CREMATION   DATE THEREOF	(Home, farm, factory, street, office bldg., etc.) YNJURY OCCURRED Thile at Not while work al work set al work al work could decease suicide homicide (Degree or titie)  NAME OF CEMETE!	utopsy , Inspection passed died on the day state undetermined	Inquiry   thereon and above, and death in m	Yes No E  TY) (STATE)  and from the evidence by opinion resulted  DATE SIGNED  G-//  Dunty) (State)
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes , accident , SIGNATURE	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED This at Not while work al work all work all work all work and an Anquiry, find that said deceasuicide , homicide , (Degree or titie)	utopsy , Inspection passed died on the day state undetermined	CURI   , Inquiry   thereon and dabove, and death in n	Yes No E  TY) (STATE)  and from the evidence by opinion resulted  DATE SIGNED
19a. DATE OF OPERATION   19b. MAJOR FIN  21. EXTERNAL CAUSE WAS PRIMARY   OR CONTRIBUTING   PLACE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   II OF   Note    22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes   accident   SIGNATURE  23. BURYAL, CREMATION   DATE THEREOF	(Home, farm, factory, street, office bldg., etc.) YNJURY OCCURRED This at Not while work all work all work all work all work could be described above, held an Anquiry, find that said decessicide homicide (Degree or title)  NAME OF CEMETE! Cedar Hill	utopsy , Inspection passed died on the day state undetermined	CURI   , Inquiry   thereon and above, and death in notes    OCATION (City, town, or constitution)	Yes No E  TY) (STATE)  and from the evidence by opinion resulted  DATE SIGNED  G-//  Dunty) (State)

BUREAU V. S.
BUREAU V. S.

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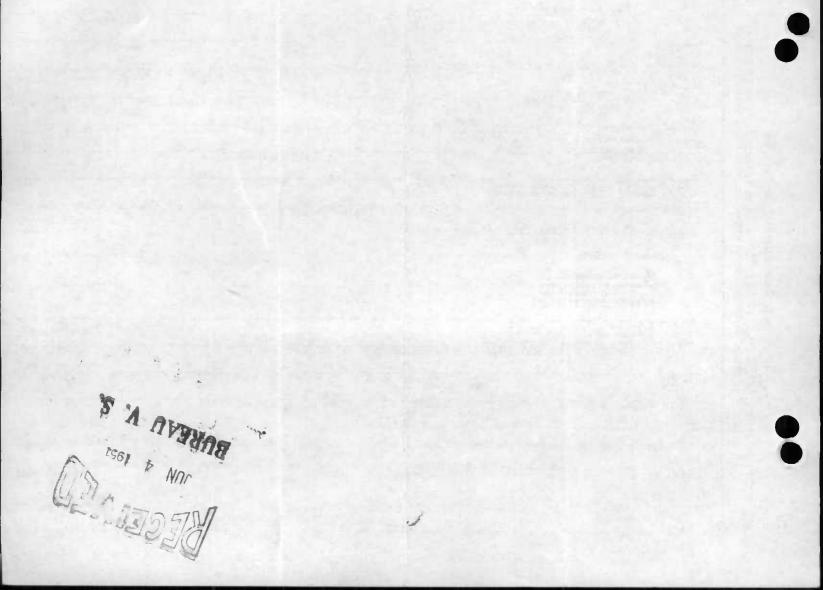
06189

2411 N. Charles Street, Baitimore

		CERTIFICAT	TE OF DEAT	H Reg.	Dist. No. 22	3
	1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (I	HOME) OF DECEASE	ED. COUNTY	
В	Mantoomery	MARYLAND		nd		
-	CITY (If outside corporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURA	L and give bearest town)	-
1	CITY (If outside corporate limits, write RUR OR give negrest town) TOWN AROMA Park	(in this place)	TOWN TOKOMA	Park		
н	HOSPITAL OR	13 5475	STREET	(If rural, give lo	eation)	
	INSTITUTION OR STREET ADDRESS Washington	Son. + Hospital	ADDRESS 909 G		luc	
1	3. NAME OF (First) (	(Middle)	(Last)		onth) (Day) (Ye	ear)
1	(Type or Print) Anna	AA	11) 4	OF DEATH	6 1 .	951
1	(Type or Print) H m M Q 5. SEX   6. COLOR OR RACE	17 SINGLE MARRIED	Washer 18. DATE OF BIRTH		If under 1 year   If under 2	901
1		7. SINGLE, MARRIED, WIDOWED, DIVORCED,	4.		Months   Days   Hours	Mln.
-1	temale   white	(Specify) D: UorceA	12-9-78	72 ym.		
- }	10a. USUAL OCCUPATION (Give klod of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF W	HAT
ı	done during most of working life, even if retired)	Home	Virginia		COUNTRY?	A.
1	13. FATHER'S NAME	TI UNIL	1 14. MOTHER'S MAIDEN	NAME	4.0	
-			1 44	11 1		
1	Edward R: + enour	2112	Minnic F.	Medrick		
H	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates	8?   16. SOCIAL SECURITY NO.	17. INFORMANT AND			
4	NO service)		Mrs. Mary Taylor	909 Gicen	wood Auc.	
		18. MEDICAL CE				
					INTERVAL BETT	VEEN
1	I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DE	CATH
1		1) .			/	
1	Immediate cause (a) L	Cremia	***************************************		weeks	d
1	1/200		41-1	1 0.		
	Antecedent cause(s)	lubit. " and	arteriorde	to the t	diameter	
	Diseases or conditions, if any, (b)	- I gradish da a a a a a a a a a a a a a a a a a a		The the self of th	College Colleg	
	3 a stating the underlying cause last	21	11 1		ca.	
-	(c)	mond my	mochrasia		June	
1	11. OTHER SIGNIFICANT CONDITIONS	4 11	, ,	6	12 1000	
	Conditions contributing to the death but not related to the disease or condition causing dea	th. dermund dess	nchopnumor	ue.	Lange	
	19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY	7
					Yes FT N	· □
	21. ACCIDENT (Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR 1	OWN) (C	COUNTY) (STATE)	
	SUICIDE	office bldg., etc.)	0 0			
	HOMICIDE INJ	I INJURY OCCURRED	HOW DID INJURY OC	CIID?		
	TIME (Month) (Day) (Year) (Hour)	While at Not While	HOW DID INJUNI OC	CORI		
	INJURY m.	Work At work			1	
		114	8 11. 1	1 11		
	22. I hereby certify that I attended th	e deceased from	D., 19/16, to June	19.7., that	I last saw the deceas	sed
	1 -/	'/'/	1 / 1			
j	alive on 197 (, ar	nd that death occurred at	from the	causes and on the	date stated above.	
	SIGNATURE	(Degree or title)	ADDRESS		DATE SIGN:	ED
	I a way I me	1 -1/9/10	B 841	PIA	. 1 / ,	
	We Toe of & Musal Make	1 604 fallow	me of allows	larly in	d 6-1-5-1	
- 1	23. BURIAL CREMATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY   1	OCATION (Sity, tow	n, or county) (State	e)
	23. BURIAL CREMATION DATE THERE REMOVAL (Specify)	+1951 For Linco		Balto / Blind a	toRRine, 77	nd
	Januar 1		A 24. FUNERAL DIRECTO		ADDRESS	71,
	DATE REC'D BY LOCAL REGISTRARS	The same of the sa	A CONTRACTO	BASOX.	ADDRESS	Se
	10-1-517	WINN NOOD	HARMUN /	Viacons	2254 CARROLL	1/2
						-14
				1	AKONATARK 13, D.	C
				1//	1.00	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06170

				-
Reg.	Dist.	No.	02)	8

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7
CITY (If antaide corporate limits, write RURAL and OR of hearest town) (In this place)	CITY (Il gutaide corporate limits, write RURAL and give	neares town
HOSPITAL OR HOSPITAL OR	STREET (If rural, give location)	mg
INSTITUTION OR STREET ADDRESS	ADDRESS (Vastur Con Gra	re mo
3. NAME OF (First) (Middle) DECEASED 10711110 12515	(Last)   4. DATE   (Month)	(Day) (Year)
(Type or Print) /1// / / / / / / / / / / / / / / / / /	WATKINS DEATHYM	2 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify, 1) AIR 126	S. DATE OF BIRTH 9. AGE last birthday If under 1 Months 1	year   If under 24 hrs. Days   Hours   Min.
iga. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR /	1). BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
John Guring most of working life, even if retired Industry	markan	OUNTBY? W.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	71
John Ohomas Walkins	may Bullon Baker	
16. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INDOMANT AND ADDRESS	
service) \( \mathref{h} \)	aux C W alkers	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7	ONSET AND DEATH
Immediate cause (a)	/	10 Rays
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	uve - cardio vormla	Muhay
13/a stating the underlying cause last (c) Berry	real Timber	11.1.1.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	a Henry	and the same
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from fully	, 1949, to kern 2, 195/, that I last say	w the deceased
Olive on Massall 197/ and that death Source of	330 9 m., from the causes and on the date state	
alive on Alive, and that death occurred at	ADDRESS2	DATE/SIGNED
fait schumacher M.	D. Partatilling	and,
BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	(State) 75
DATE REC'D BY LUCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
GEG. Busny 1951 Whield & Stoke	Jak W Barber haple	nsville
	1 20,000	no of

PECELVED V. S. BUREAU V. S.

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06171

Reg. Dist. No. 214

1 DELGE OF DELE	**		A DESTAL PROPERTY	HOME OF PROPE	IPP
1. PLACE OF DEAT			2. USUAL RESIDENCE (I		
Mon	tgomery	MARYLAND	Maryl	and Mo	ontgomery
CITY (If outside o	corporate limits, write RUR				AL and give neerest town)
TOWN SILV	t town	(in this place)	O.D.		B
	er opring	15 yrs.		r Spring	
HOSPITAL OR	-		STREET	(If rural, give	iocation)
CTREET ADDRE	R 9305 Mintwood	Place	ADDRESS 9305 1	Mintwood Pla	ace.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (A	Month) (Day) (Year)
(Type or Print)	Marv	Neale	Welling	DEATH JU	ne 23 <sub>19</sub> 51
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE last birthde	
		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	11/24/63	077	Months   Days   Hours   Min.
Female	White			7100	
10a. USUAL OCCUP	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Housewife	working life, even if retired)	Own home	Highland, Mar	bralv	COUNTRY?
13. FATHER'S NAM	1E	OWN HOME	1 14. MOTHER'S MAIDEN	MAME	1 USA
13. FAIRERS NAM	AE		14. MOTHER'S MAIDEN	NAME	
Presslev S	choolev		Jame Adams		
	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	THE PARTY OF PARTY AND PARTY.	O W-1	7. 23
	(If yes, give war or dates	none	Mrs.	Cuyter Mc	Weil or Spring, Md.
no	service)			Place Silve	er Spring. Md.
		18. MEDICAL CE	RTIFICATION		
1 DISHASES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR C	UNDITIONS DIRECTLY	0	2		UNBET AND DEATH
		British h		. /.	7
Immedia	te cause (a)	Core order	emorthage	a au	
0170		1	1		1/2 hr.
	nt cause(s)	(h = 0 /)	01-00		12100.
	conditions, if eny, (b)	1/ cochure	Jule	***************************************	
giving rise	to the above cause	1			
stating the	underlying cause lest				
	(e)				
	ICANT CONDITIONS				
	uting to the death but not	L			
	ase or condition cousing deet				20. AUTOPSY?
19a. DATE OF OPE	ERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPS11
					Yes No D
21. EXTERNAL CA	USE WAS   PLA	CE (Home, farm, factory, street,	A (CITY OR	TOWN)	(COUNTY) (STATE)
PRIMARY OR C	ONTRIBUTING TO OF	office bidg., etal.)	12000	1 hours	me to the
			mera p	1	Monly ma
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	. / .
OF ANTIBY	23-51-12:30 m.	While at Nnt while work (2)	- to 01 100	Floor 16.	· lid room
INJUNI	23-31-12.30 m.	WOLK D SC WOLK D	The off	- Comment	1 100
22 I certify that	I took charge of the remo	ins described above, held an A	Autoney   Inspection	I Inquiry T the	rean and from the evidence
22. I certify that	id Autonose Improcion o	r Inquiry, find that said dece	and died on the day state	ed above and deat	h in my aninian regulted
formed by sa	la Autopsy, Inspection of	I inquiry, find that suid dece	and at amoin ed	ra disse, and dent	n the my opinion remains
	a causes	, suicide , homicide , (Degree or title)	ADDRESS		DATE SIGNED
SIGNATURE		(Degree of title)	ADDRESS	- 0	DATE SIGNED
	10	Brace for for	11)	- 71. 1	6/12111
*	nawh Y.	croce nau	1111 2. 00	upperson	my my 6-23.51
23. BURIAL, CREM	MATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, to	wn, or county) (State)
REMOVAL (Spe	cify) 6/25/51	St. Mark's Co	amatami	Highland	Md.
	0/27/71	Do Mark 2 Of	eme oer's	1 4.17 GOWALCK	ALA III
DATE REC'D BY		OLOVI WILDE	THE WEST AND AND THE PARTY OF T	O.D.	
DEC / DE		SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
REG.6/25/5		1 Veles			ADDRESS
REG.6/25/5		SIGNATURE)		uey 8434 Ga.	ADDRESS

BUREAU V. S.

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. The see 1718

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

06172

1. PLACE OF DEATH	H- /		2. USUAL RESIDENCE		
(1)	magones	MARYLAND	Marvla	nd Mont	gomery
CITY (If outside cook of give negrest TOWN SILVE	orporate Kmits, write RUR.	AL and LENGTH OF STAY (in this place)		Spring	L and give nearest town)
HOSPITAL OR			STREET	(If rural, give io	
	Rss 2604 Sherato	on Street	ADDRESS 260	4 Sheraton St	reet
3. NAME OF DECEASED	(First)	(Middle)	(Last)	0.83	nth) (Day) (Year)
(Type or Print)	Hannah	A.	Welsh		ine 24, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE iast birthday	If under 1 year   If under 24 hrs.
Female	White	WIDOWED, DIVORCED, (Specify) Widowed	Jan. 1. 1871	80 ym.	Months Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY, OWN Home	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Housewife	vorking life, even if retired)	Own Home	Lansford, Pa		USA TEXT
13. FATHER'S NAM	E		14. MOTHER'S MAIDER	NAME	
Bernard H	Boyle		Ellen Boyel		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates of service)		Mr. James Wels	h, 2604 Sherat	on St.
		18. MEDICAL CE	RTIFICATION	Silver Spri	ng. Md.
I DISPASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
I. DISERSES OIL OC	MDINIONS DIMEONI	O DEATH	-		ONSET AND DEATH
Immediat	e cause (a)	Carcinoma	done		2 months
4 mail: Call Call Call Call Call Call Call Ca		0 -10	0	- 1	- 10 0 1 1 10 0 1 0 1 0 0 0 0 0 0 0 0 0
170 × Anteceder	onditions, if any, (b)	Jagets Dree	ase left	Breas	211-11.
giving rise to	the above cause	- J			
stating the u	inderlying cause last				
di opuno archite	(c)				
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat				
		INDINGS OF OPERATION			20. AUTOPSY?
	1000 10				1
21. ACCIDENT	ASpecify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOURN	OUNTY) (STATE)
SUICIDE HOMICIDE	no OF INJU	office bidg., etc.)	(OIII OK	10WN) (C	OUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CCUR?	
INJURY	m,	While at Not While Work Arwork			
			14 11 1	124 11	
22. I hereby certi	ify that I attended the	deceased from	, 190 , to	19.9/, that	I last saw the deceased
alive on Va	ne 124 105/ am	d that death occurred at!	10:55 P		7-4
SIGNATURE		(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
21/1	7	BM O	- 1/ Pho	Buille ()	The states
Men	) mos	1) 1ho. To	00-16-1	M.W. YC	me dy 1951
23. BURIAL, CREM. REMOVAL (Specification)		St. Joseph's	RY OR CREMATORY S	LOCATION (City/town Summit Hill, C	or county) (State)
DATE REC'D BY			24. FUNERAL DIRECTO	OR .	ADDRESS
REG. 6/25/3	1 Fran	ces Letter		8434 Georg	
			•		ing, Maryland
				- 4	

note - I am substituting for Dr Wm & Luckett of Wash De while he is on vacation Dr Luckett reported her condition to me before leaving town and had been attending her for past five months. Hen Pincock Md. Dr Branchack natified & approved.

BULLIU V. S.

1961 23 NA

BECEINED

ve correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sepecially important. Physicians: please write the causes of death clearly and legi

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06173

#### CERTIFICATE OF DEATH

eg. Diat. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Moungonery
(If outside city or town limits, write RURAL and give nearest town)	City or town town town Voice Dily RV Syv 1295
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
805 Lander St -	Street No. 8 2 7 St. (If rural, give LOCATION)
,	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME KUBIN WEXLER	3. (b) Social Security Number
KUBIN WEXLER	UNK.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED	20. DATE OF DEATH June 14 19.51, at 10 6 M
B.(b) Name of herband or wife ADELE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
/ Y	Joneany 195/ 10 June 14 1951
7 Sich date of	and that I last saw him alive on June 12 1951
deceased (mo., day, yr.) NIAR 17, 18/8	Immediate cause uf death Carcinoma et DURATION
8. AGE: Years Months Days If Jess than one day	colon with metasis Syears
73 <b>3</b> 28hrsmin.	throughout abdomen
9. Birthplace (Town, county, and state)	Pue to
Town, county, and state)	
10. Usual occupation.	Busha
11. Industry or business	Due to
KI 75000 11 74. 50	Diher conditions Diabetes meditus
T 12. same	
A 13. Birthplace ADUMANIA	153 \( \) (Include pregnancy within 8 months of death)
王 14. Malden name	Major fiadings of operations Carcinohoo of Colon
14. Malden name	Date of op. Ten. 14 + Mer. 51
16. Informant MISS HILDA WEXLER	Autopsy results. 17.917. C
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 805 JUNIPER	22. VIOLENCE: If death was due to external causes, fill in the following:
17 BURIAL (Burlal, cremation, or removal, Which?)  Dale thereof UNE 17-1951 (month) (day) (year)	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory MT. LaBANON CBM.	Where did injury occur?
Location RIGGS RD.	Injured at home, farm, industry, public place (where?)
18. Funeral director GOLDBERG FUN. HOME	Meens of Injury Injured at work?
Address 4217- 9th St. NW., Wash., D.C.	23. SIGNATUR Levis M. Lendette M. D.
6/15/51 Stances Tollow	25. SIUNATURE. D. or other
19. (:\https://doi.org/10.19.) Registrar	Address 801 Exc St. N.a. Bate signed 6/14/51
	VVV///

#### CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No	·····
1. PLACE OF DEATH- COUNTY Montgomers MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	11-0
CITY (If outside corporat Amits, write RURAL and OR give new town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e neares (nwn)
HOSPITAL OR INSTITUTION OR RFO # 2 Silve fright.	STREET ADDRESS RFO # (If ural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) FLORENCE (LIQUE)	Chast)  HITE  4. DATE  OF  DEATH  UNE	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED, (Specify) SECRIATED	& DATE OF BIRTH   9. AGE last birthday   If under	
done during most of working life, even if retired)  10b. Kind of Business of Industry Industry Own home	1 11 PI TUDI ACE (State on family distance)	COUNTRY? US A
13. FATHER'S NAME HOPKINS	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS RF) #2	Spring mid.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Coronary Oca	Quains	484-
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Hypertensie Culinsulas Jain	107-
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	7, 1949,, to 7, 1951, that I last so	aw the deceased
alive on 1951, and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
The state of the s	55 13TH St. Silver Sping The	June 7, 1951
Burial (Specify) 6/8/51   Cedar Hill C	emetery Prince George	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Q 7 5 1 Cancer Souther	Warner E. Tumphyer 8434 Georgi:	ADDRESS
	Silver Spri	ng, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles Street, Baltimore

06175

shows Park 12, D.C.

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2	carefully.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICAT	TE OF DEATH Reg. Dist. No.	222
1. PLACE OF DEATH ONT GOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	PONTODMER
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	TOWN TAKOMA PARK	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 MAPLE AVE	STREET ADDRESS 905 MAPLE AVE.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) GEORGE EDWARD	WHITE   4. DATE (Month) OF DEATH JUNE	(Day) (Year 2/, 19
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY  13. FATHER'S NAME	11/1	COUNTRY?
GEORGE EDWARD WHITE	LUCY ROGER.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of service)	MRS MARION E. WHITE, 905 MAP	LE AVE. PXY
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
2001 Immediate cause Antecedent cause(s)	rd '	0
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	<u> </u>	
related to the disease or condition causing death.	wasting, ite	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
	CITY OR TOWN) (COUNTY)	Yes No (STATE)
21. ACCIDENT (Specify) SUICIDE HOMICIDE  (Specify) OF office bldg., etc.) INJURY		(SIAIE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at   Not While   Not While   Not Work   At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from 194	6, 19 todae 2/, 195/, that I last s	saw the deceased
alive on the signature of the signature	ADDRESS 500 underword St., AM	tated above. DATE SIGNED
BURIAL (Specify) JUNE 24 1956 GERREE WAS	CERY OR CREMATORY LOCATION (City, town, or count SHINGTON CEM. RIGGS ROAD, HYATTSVILL	LE, YR GEOCO.
DATE REC'D BY LOCAL REGISTRATES SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

DECEIVED

BUREAU V. S.

he correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06176

### CERTIFICATE OF DEATH

Reg. Dist. No. 215

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY Montgomery MARYLAND	STATE District of Columbia	Y
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
OR give nearest town) TOWN Bethesda, Rural 75 hours	Town Washington	
HOSPITAL OR INSTITUTION OR IN COMPANY	STREET (If rural, give location)	
STREET ADDRESS U.S. Naval Hospital	3338 Reservoir Road,	N.W.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Homer Chapin	WICK DEATH June 15	, 1951
6. SEX Male  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under	1 year   If under 24 hrs
	July 5, 1889 61 ym. Months	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? WHAT
Officer U.S. Navy	Michigan	US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph R. WICK	Alice WOOLCOTT	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes. perser unknown)   (If yes, give aver on-dates of	17. INFORMANT AND ADDRESS	
(Yes, nemer unknown) (If yes, give wer or dates of ervice)	Wife: Mary E. WICK	
IS. MEDICAL CE	ERTIFICATION Same as item # 2	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEBT AND DEATE
het time	M	8 400
Immediate cause (a) and in	190 (2000	
Antecedent cause(s)	Mys carden	15600
Diseases or conditions, if any, (b) giving rise to the above cause	c / - wy / secre	13 700
stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Vanc	
reacted to the disease of condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
7000	(CITY OR TOWN) (COUNTY)	Yes No No
SUICIDE OF office bidg., etc.)	(CITT OR TOWN) (COUNTY)	(STATE)
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	NOW DID INSURT GOODIE	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from June 1.	5 19.51 to June 15 1951 that I last s	aw the deceased
alive on June 15, 1951, and that death occurred at	ADDRESS	ated above. DATE SIGNED
		- /
		16, 1951
	ERY OR CREMATORY   LOCATION (City, town, or count	
		ia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Juffe. 16, 1951 Felah Whatten	Jos. Gawler's Sons, 1756 Pennsy	
	Avenue NW Washington D.C.	

BUREAU V. S.

1561 81 NOI

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06178

eg. Dist. No. 2/6

1. PLACE OF DEATH COUNTY	2. USUAL PESIDENCE (HOME) OF DECEASED.	Charles -
MARYLAND MARYLAND	CITY (If outside porporate limits, write RURAL and giv	Monig
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR TOWN Silver Spring	e hearest town
HOSPITAL OR	STREET (Il/rural, give location)	
INSTITUTION OR STREET ADDRESS SUBUTBAN WOSQITA!	ADDRESS 1230 Tidles &d	20
3. NAME OF (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Babu Giyl Stilli	dm5 DEATH Guner	2 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday II under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Businass or Industry	11. PRTHPLACE (State or foreign country)   12	COUNTRY? WHAT
13. FATHER'S NAME /	14 MOTHER'S MAIDEN NAME	7
Quah Gerald Hilliams	MAYABRET FluguSTUS DE	an
15. WAS DECRASED EVER IN O.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Suburban NospiTAl	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Poem atu	ne	Li.
77/1		2 8
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		- Jour
159 atating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/2/5.	, 19, to	aw the deceased
alive on	2 U.S A m from the causes and on the date at	ated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Palrick (. Jameson M.D)	11602 Ha Ave Wheelers, mad	6/2/5/
1 DULLICE 14 DULL 17 LI DONN TIONN		(State) Maryland
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE OF TAPEL	24. FUNERAL/DIRECTOR	ADDRESS
REG. 6/4/5/ Bersie M. Thompson	Water William kking Bethe	esda, Md.
206011 309246		

BUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

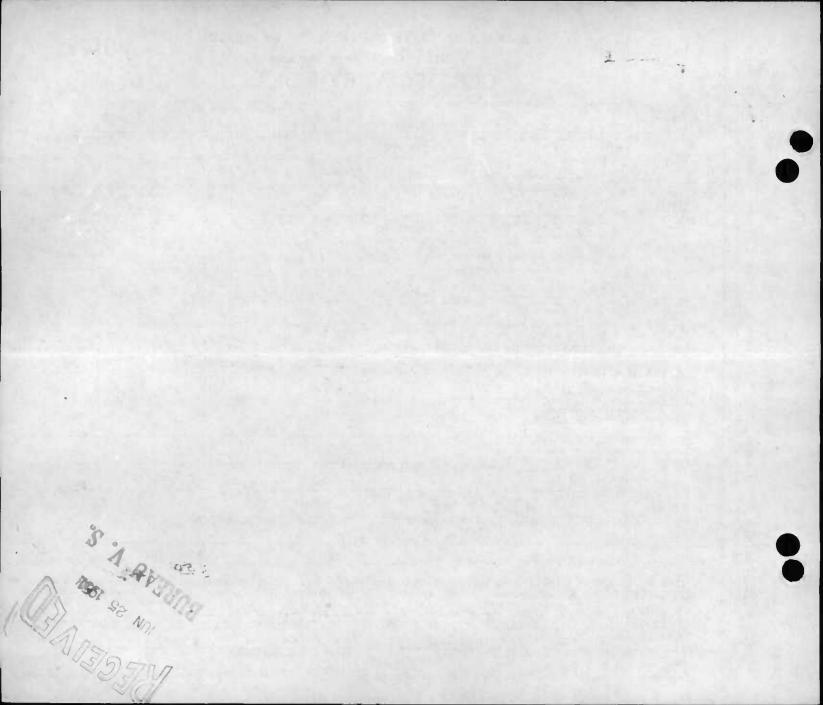
06177

### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

IN PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Mortgomery MARYLAND	STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR
TOWN Bellesla Ihr.	TOWN SILVER SPRING
HOSPITAL OR INSTITUTION OR COLOR LA LA TO O Shap Co. o. t.	STREET (If raral, give location)
INSTITUTION OR Suburban Hospital 8600 Old George	Low Rd. 2711 SHERDON STREET
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED Page 11.1	Kingsol OF T
(Type of time)	DEATH VICE // 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year   If under 24 hrs.   Months   Days   Hours   Min.
11 + Chite (Specify) hewborn	JUNE 14, 1951 _ yrs. Months Days Hours Min.
102. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	MARYLAND COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
11:1	
THOMAS ARTHUR WILKINSON	MARGARET (COBERIA WOOLRIDGE
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (Il yes, give war or dates of	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (il yes, give war or dates of	MOTHER - 2711 SHERDON ST. SILVER SPRING
18. MEDICAL CE	RTIFICATION
	Transport Design
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CHMONIUS SISIAMON ) ONBIT AND DEATH
Ph. #	1 Delay 1: 2 DD 1 miles on 1
Immediate cause (a) Premature	Aug The Design
	, 0
76/15 Antecedent cause(s) Diseases or conditions, if any. (b)	· Classe from I Planesta
Diseases or conditions, if any, (b)	
stating the underlying cause last	
160 C (c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20 ATTRODUYS
198. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🛭 No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While st Not While	11011 222 1100111 000011
INJURY m.   Work  At work	1
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
To a 14 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12208
alive on June 14, 1951, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
19 00 W/ / 1 200 4	One B. a 1010 la 1 may 1/2/2
relieu M. Map. 11/07 100	remos un core, perse grung, 4. 10)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	
REMOVAL (Specify) / 6/20/51 Suburban	Hospital Bothosda Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. /   7 1   - 1   /3 - 0	1 1 . ( )
6/22/3/ Wesse m. ohore people	( comuna s. many, my - bethas a
216141283150	19 Sond
CV / ( . 16h / m/ / eh / ) / )	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

06179

Reg. Dist. No. 2/7

COUNTY Marilganery MARYLAND	STATE THE COUNTY MELEN COUNTY MELEN COUNTY	
CITY (If outside corporate limits, write RURAL and OR give negrest (swn) (in this place	OR	
HOSPITAL ØR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) May Qnn	(Last) 4. DATE (Month) (Day) (Year) OF DEATH GALL 24 195/	
5. SEX - 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, oren if retired) INDUSTRY INDUSTRY	OR M BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY! US A	
13. FATHER'S NAME Calch Carr	14. MOTHER'S MAIDEN NAME,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Edward S. Wilson Highland Ind	
18. MEDICAL	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BUTWHEIN ONSET AND DEATH	
Immediate cause (a) Demok	o vienous 4	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	30	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?	
	Yes No No	
21. ACCIDENT SUICIDE HOMICIDE  (Specify) OF office bldg., etc.) INJURY	2 4 4	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY M. Work At work		
22. I hereby certify that I attended the deceased from 6/2.3/, 1957 to 6/24., 19/5 that I last saw the deceased		
alive on 2 2 4 , 19 , and that death occurred at 20 m., from the causes and on the date stated above.  SIGNATURY  OPERATOR OF THE SIGNED		
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEM	ETERY OR CREMATORY   LOGATION (City, town, or county) (State)	
REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cometery Burtansille me	
REG. 6-25-57 German B Lawl	24. FUNERAL DIRECTOR ADDRESS MAL	

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BUREAU V. S.

2411 N. Charles Street, Baltimore

06180

### CERTIFICATE OF DEATH

g. Dist. No. 2/6

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,	The state of the s	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Montgomery MARYLAND	STATE Maryland CMontgomery	
CITY (If outside corporate limits, write RURAL and   LENGTH OF S	TAY CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) Potomac (in this place Town	o) OR TOWN Chevy Chase	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Pine View Rest Home	ADDRESS 9 Virgilia Street	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)	
DECEASED TITA	OF	
(Type or Print) ELLA PIA I  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	WINTER DEATH June 10 1951  8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.	
WIDOWED, DIXQRCI	EQ. Months Days Hours Min.	
F'emale White (Specify) Sing	216 10 NOV 10/11 /9 yrs. 10   24	
done during most of working life, even if retired) INDUSTRY	Country?	
Retired - U.S. Gov't. Veterans Adr	mr. Martinsburg W.Va. USA	
William Winter		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N	Elizabeth Summer	
(Yes, no, or unknown) i (If year, give war or dates of	II. INFORMANT AND ADDRESS 7 VII FILLE OC.	
No service) None	Violet E. Winter Chevy Chase, Md.	
18. MEDICA	L CERTIFICATION INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
. Carring	a stromoch 141	
Immediate cause (a)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Antecedent cause(s)		
920000	al asleriosclerosin 110tys.	
Diseases or conditions, if any, (b)		
46 & stating the underlying cause last (c) Kesh her	mplogia 13 mo.	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	I Bronchopnenmona 10 dogs	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	ON   20. AUTOPSY!	
	Yes \ No X	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, st		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	donor montamer me	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
210012		
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased	
SIGNATURE (Degree or title)	at 9.2 Am., from the causes and on the date stated above.	
A LA TORE	Dill Sidited	
( honosu tumpor mx	1746- 4 st hur. Wood DC. 10 guno 51	
23. BURIAL, CREMATION   DATE   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)   V (State)		
REMOVAL (Specify) 6/13/51 Rose F		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS		
REG. 6/11-51 Bessio In Thomason	( Boort a Tumphrew-Bethesda, Md.	
	The state of the s	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

L'S. A.S.

Dr. Edward hicklose, showmut apt., 19th and Columbia Rd. n.w. wook! De. hos cared for miss winter. He has seen very recently, and when he left for AMA at atlanticity he told me she was critical and would die before his return — he gove me the diagnosis.

I had seen the deressed for Dr. nicklose at q virgilia It. shortly often her right hamiplegia about 3 years ago.

The body was emocisted and an obdominal moss was polyable. I feel certain there are no coroners questions about this case.

Charles or Thompson, n.D.

Coroner Notified and approved.

